STIC Search Report
Biotech-Chem Library

STIC Database Tracking Number: 109199

TO: Ralph J Gitomer
Location: CM-1/11D11/11B01
Art Unit: 1651
Monday, December 01, 2003

Case Serial Number: 10/015509

From: Deirdre Arnold
Location: Biotech-Chem Library
CM1-6B01
Phone: 305-8682

Deirdre.arnold@uspto.gov

Search Notes

This search was supervised by Susan Hanley and Paul Schulwitz.

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

10/9/99

SEARCH REQUEST FORM

Requestor's Name: R GITOMER Serial Number: 10/015,509

Date: 11/26/03 Phone: 308-0734 Art Unit: 1651

Search Topic:

Please write a detailed statement of search topic. Describe specifically as possible the subject matter to be searched. Define any terms that may have a special meaning. Give examples or relevent citations, authors, keywords, etc., if known. For sequences, please attach a copy of the sequence. You may include a copy of the broadest and/or most relevent claim(s).

STAFF USE ONLY

Date completed: 12/1/03

Searcher: Brad Hinkel-Stafford

Terminal time: _____

Elapsed time: _____

CPU time: _____

Total time: _____

Number of Searches: _____

Number of Databases: _____

Search Site

_____ STIC
_____ CM-1
_____ Pre-S

Type of Search

_____ N.A. Sequence
_____ A.A. Sequence
_____ Structure
_____ Bibliographic

Vendors

_____ IG
_____ STN
_____ Dialog
_____ APS
_____ Geninfo
_____ SDC
_____ DARC/Questel
_____ Other

STIC SEARCH RESULTS FEEDBACK FORM

Biotech-Chem Library

Questions about the scope or the results of the search? Contact ***the searcher or contact:***

Mary Hale, Information Branch Supervisor
308-4258, CM1-1E01

Voluntary Results Feedback Form

- *I am an examiner in Workgroup:* ☐ *Example: 1610*
- *Relevant prior art **found**, search results used as follows:*
  - ☐ 102 rejection
  - ☐ 103 rejection
  - ☐ Cited as being of interest.
  - ☐ Helped examiner better understand the invention.
  - ☐ Helped examiner better understand the state of the art in their technology.

  Types of relevant prior art found:
  - ☐ Foreign Patent(s)
  - ☐ Non-Patent Literature
    (journal articles, conference proceedings, new product announcements etc.)
- *Relevant prior art **not found:***
  - ☐ Results verified the lack of relevant prior art (helped determine patentability).
  - ☐ Results were not useful in determining patentability or understanding the invention.

Comments:

Drop off or send completed forms to STIC/Biotech-Chem Library CM1 - Circ. Desk

Gitomer 10/015509

```
=> file hcaplus
COST IN U.S. DOLLARS                                  SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                       0.24     169.54

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)            SINCE FILE      TOTAL
                                                         ENTRY    SESSION
CA SUBSCRIBER PRICE                                       0.00      -1.30

FILE 'HCAPLUS' ENTERED AT 11:54:58 ON 01 DEC 2003
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
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```


CT = controlled term
PFT = preferred terms, old terms
NT = narrower terms

```
FILE COVERS 1907 - 1 Dec 2003  VOL 139 ISS 23
FILE LAST UPDATED: 30 Nov 2003  (20031130/ED)

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.
```

Body Fluid/CT + nose, nasal, mucus, etc./free text + collection, container, analyze, etc. free text ⇒ L7 2 cites

```
=> d que l7
L1   (     17467)SEA FILE=HCAPLUS ABB=ON  PLU=ON  "BODY FLUID"+PFT/CT
L2   (       108)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L1 (L) (NOSE OR ?NASAL? OR
                 ?MUCUS? OR ?PHLEGM?)
L3   (         9)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L2 (L) (?COLLECT? OR ?CONTAIN?
                  OR ?ANALYZ? OR ?ANALYS? OR ?APPARAT? OR ?VESSEL? OR ?VIAL?)
L4   (         8)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L3 NOT (ELECTRONIC (W)
                 NOSE)/TI
L5   (         7)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L4 NOT (SILICA)/TI
L6   (         6)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L5 NOT (TAIWAN)/TI
L7             2 SEA FILE=HCAPLUS ABB=ON  PLU=ON  L6 AND (NOSE OR ?NASAL?)
```

delete irrelevant cites

⇒ further narrow cites

Test kits/CT + nose, nasal, mucus, etc./free text ⇒ 420 2 cites

```
=> d que l20
L8   (     17467)SEA FILE=HCAPLUS ABB=ON  PLU=ON  "BODY FLUID"+PFT/CT
L9   (       108)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L8 (L) (NOSE OR ?NASAL? OR
                 ?MUCUS? OR ?PHLEGM?)
L10  (         9)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L9 (L) (?COLLECT? OR ?CONTAIN?
                  OR ?ANALYZ? OR ?ANALYS? OR ?APPARAT? OR ?VESSEL? OR ?VIAL?)
L11  (         8)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L10 NOT (ELECTRONIC (W)
                 NOSE)/TI
L12  (         7)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L11 NOT (SILICA)/TI
L13  (         6)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L12 NOT (TAIWAN)/TI
L14  (     13983)SEA FILE=HCAPLUS ABB=ON  PLU=ON  "TEST KITS"+PFT, RT/CT
L15  (         9)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L14 (L)(NOSE OR ?NASAL? OR
                 ?MUCUS? OR ?PHLEGM?)
```

L7 above

* PY = Publication Year
* OBI = old basic index (does not include abstracts)


```
L16 (         7)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L15 NOT L13
L17 (         2)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L13 AND (NOSE OR ?NASAL?)
L18 (         4)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L16 AND (NOSE OR ?NASAL?)
L19 (         4)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L18 NOT L17
L20           2 SEA FILE=HCAPLUS ABB=ON   PLU=ON   L19 NOT (CANCER OR ELECTRONIC)
```

part of above query → further refine cites

delete repeats & above irrelevant hits /TI

L66 Nose, Nosedisease/CT + diagnose, assay, test/free text + mucus, secretion/free text + sinusitis/CT ⇒ L66 → cites (limited to PY<2002)

```
=> d que 166 ;
L58 (      9293)SEA FILE=HCAPLUS ABB=ON   PLU=ON   NOSE+PFT/CT
L59 (      3071)SEA FILE=HCAPLUS ABB=ON   PLU=ON   "NOSE, DISEASE"+PFT,NT/CT
L60 (       227)SEA FILE=HCAPLUS ABB=ON   PLU=ON   SINUSITIS+PFT/CT
L61 (       198)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L58 (L) (?DIAGNOS? OR ?ASSAY?
                OR ?TEST OR ?TESTING)/OBI
L62 (       164)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L59 (L) (?DIAGNOS? OR ?ASSAY?
                OR ?TEST OR ?TESTING)/OBI
L63 (       253)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L61 OR L62
L64 (        32)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L63 (L) (?MUCUS? OR ?SECRET?
                OR ?PHLEGM? OR ?EXUD?)
L65 (         2)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L64 AND L60
L66           2 SEA FILE=HCAPLUS ABB=ON   PLU=ON   L65 AND PY<2002
```

narrow by year

L78 same as L66 above, w/ ~~sinusitis~~ allergy/CT instead of sinusitis/CT ⇒ L78 → 5 hits (limited to PY<2002)

```
=> d que l78 ;
L67 (      9293)SEA FILE=HCAPLUS ABB=ON   PLU=ON   NOSE+PFT/CT
L68 (      3071)SEA FILE=HCAPLUS ABB=ON   PLU=ON   "NOSE, DISEASE"+PFT,NT/CT
L69 (     20338)SEA FILE=HCAPLUS ABB=ON   PLU=ON   ALLERGY+PFT/CT
L70 (       227)SEA FILE=HCAPLUS ABB=ON   PLU=ON   SINUSITIS+PFT/CT
L71 (       198)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L67 (L) (?DIAGNOS? OR ?ASSAY?
                OR ?TEST OR ?TESTING)/OBI
L72 (       164)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L68 (L) (?DIAGNOS? OR ?ASSAY?
                OR ?TEST OR ?TESTING)/OBI
L73 (       253)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L71 OR L72
L74 (        32)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L73 (L) (?MUCUS? OR ?SECRET?
                OR ?PHLEGM? OR ?EXUD?)
L75 (         2)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L74 AND L70
L76 (        10)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L74 AND L69
L77 (         8)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L76 NOT L75
L78           5 SEA FILE=HCAPLUS ABB=ON   PLU=ON   L77 AND PY<2002
```

remove duplicates w/ L66

narrow by year

L94: same as L66, L78 w/ respiratory tract disease/CT instead of sinusitis, allergy ⇒ L94 13 hits limited to PY<2002

```
=> d que 194
L79 (      9293)SEA FILE=HCAPLUS ABB=ON   PLU=ON   NOSE+PFT/CT
L80 (      3071)SEA FILE=HCAPLUS ABB=ON   PLU=ON   "NOSE, DISEASE"+PFT,NT/CT
L81 (     20338)SEA FILE=HCAPLUS ABB=ON   PLU=ON   ALLERGY+PFT/CT
L82 (    145187)SEA FILE=HCAPLUS ABB=ON   PLU=ON   "RESPIRATORY TRACT"+PFT,NT/CT

L83 (      5859)SEA FILE=HCAPLUS ABB=ON   PLU=ON   "RESPIRATORY TRACT, DISEASE"+P
                FT/CT
L84 (       227)SEA FILE=HCAPLUS ABB=ON   PLU=ON   SINUSITIS+PFT/CT
L85 (       198)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L79 (L) (?DIAGNOS? OR ?ASSAY?
                OR ?TEST OR ?TESTING)/OBI
L86 (       164)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L80 (L) (?DIAGNOS? OR ?ASSAY?
                OR ?TEST OR ?TESTING)/OBI
L87 (       253)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L85 OR L86
L88 (        32)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L87 (L) (?MUCUS? OR ?SECRET?
                OR ?PHLEGM? OR ?EXUD?)
L89 (         2)SEA FILE=HCAPLUS ABB=ON   PLU=ON   L88 AND L84
```

```
L90 (         10)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L88 AND L81
L91 (         32)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L88 AND (L82 OR L83)
L92 (         22)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L91 NOT (L89 OR L90)
L93 (         18)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L92 NOT (VEHICLE OR (MULTIPLE
               (W) SCLEROSIS) OR (BLOOD(W)CULTURES) OR PREGNANCY)/TI
L94           13 SEA FILE=HCAPLUS ABB=ON  PLU=ON  L93 AND PY<2002
```

→ remove duplicate cites w/ other queries

→ delete irrelevant hits

→ narrow by year

```
=> s l7 or l20 or l66 or l78 or l94
L95           21 L7 OR L20 OR L66 OR L78 OR L94
```

L95: consolidate all HCAPLUS cites

```
=> file medline
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     4.51     174.05

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)          SINCE FILE      TOTAL
                                                       ENTRY    SESSION
CA SUBSCRIBER PRICE                                     0.00      -1.30

FILE 'MEDLINE' ENTERED AT 11:56:17 ON 01 DEC 2003

 FILE LAST UPDATED: 27 NOV 2003 (20031127/UP).  FILE COVERS 1958 TO DATE.

 On April 13, 2003, MEDLINE was reloaded.  See HELP RLOAD for details.

 MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
 MeSH 2003 vocabulary.  See http://www.nlm.nih.gov/mesh/changes2003.html
 for a description on changes.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.
```

L40: instrumentation, diagnostic kits/CT + nasal secretion/CT + rhinitis, sinusitis, resp. tract infection/CT => L40

```
=> d que l40
L31       264374 SEA FILE=MEDLINE ABB=ON  PLU=ON  INSTRUMENTATION/CT
L32        11240 SEA FILE=MEDLINE ABB=ON  PLU=ON  REAGENT KITS, DIAGNOSTIC+NT/CT

L33          466 SEA FILE=MEDLINE ABB=ON  PLU=ON  NASAL LAVAGE FLUID/CT
L34         1113 SEA FILE=MEDLINE ABB=ON  PLU=ON  NASAL PROVOCATION TESTS/CT
L35           37 SEA FILE=MEDLINE ABB=ON  PLU=ON  (L31 OR L32) AND (L33 OR L34)

L36         7151 SEA FILE=MEDLINE ABB=ON  PLU=ON  HAY FEVER/CT
L37         3420 SEA FILE=MEDLINE ABB=ON  PLU=ON  RHINITIS, ALLERGIC, PERENNIAL/
                 CT
L38         8946 SEA FILE=MEDLINE ABB=ON  PLU=ON  SINUSITIS+NT/CT
L39       173954 SEA FILE=MEDLINE ABB=ON  PLU=ON  RESPIRATORY TRACT INFECTIONS+N
                 T/CT
L40           22 SEA FILE=MEDLINE ABB=ON  PLU=ON  L35 AND (L36 OR L37 OR L38 OR
                 L39)
```

22 cites (all years)

```
=> file embase
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     0.38     174.43

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)          SINCE FILE      TOTAL
                                                       ENTRY    SESSION
```

* (5A): within five words in any order

Gitomer 10/015509

CA SUBSCRIBER PRICE 0.00 -1.30

FILE 'EMBASE' ENTERED AT 11:56:32 ON 01 DEC 2003
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FILE COVERS 1974 TO 20 Nov 2003 (20031120/ED)

EMBASE has been reloaded. Enter HELP RLOAD for details.

This file contains CAS Registry Numbers for easy and accurate substance identification.

L56: equipment/CT + nose, nasal (w) with secretion, etc. with collection/freetext + rhinitis, sinusitis, resp. infection/ free text ⇓ L56 26 cites (all years)

```
=> d que l56
L45          1170 SEA FILE=EMBASE ABB=ON  PLU=ON  ANALYTICAL EQUIPMENT/CT
L49          4450 SEA FILE=EMBASE ABB=ON  PLU=ON  EQUIPMENT/CT
L51          3248 SEA FILE=EMBASE ABB=ON  PLU=ON  (NOSE OR ?NASAL?) (5A)
                  (?SECRET? OR ?FLUID? OR ?MUCUS? OR ?PHLEGM?)
L52           943 SEA FILE=EMBASE ABB=ON  PLU=ON  L51 AND (L45 OR L49 OR
                  ?DIAGNOS?)
L54           131 SEA FILE=EMBASE ABB=ON  PLU=ON  (NOSE OR ?NASAL?) (5A)
                  (?SECRET? OR ?FLUID? OR ?MUCUS? OR ?PHLEGM?) (5A) ?COLLECT?
L55            35 SEA FILE=EMBASE ABB=ON  PLU=ON  L54 AND L52
L56            26 SEA FILE=EMBASE ABB=ON  PLU=ON  L55 AND (?RHINITI? OR ?SINUSITI
                  ? OR ?RESPIRATOR? (5A) (?INFECT? OR ?DISEASE? OR ?DISORDER?))

=> FIL STNGUIDE
COST IN U.S. DOLLARS                          SINCE FILE      TOTAL
                                                 ENTRY    SESSION
FULL ESTIMATED COST                               1.16     175.59

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)    SINCE FILE      TOTAL
                                                 ENTRY    SESSION
CA SUBSCRIBER PRICE                               0.00      -1.30

FILE 'STNGUIDE' ENTERED AT 11:56:48 ON 01 DEC 2003
USE IS SUBJECT TO THE TERMS OF YOUR CUSTOMER AGREEMENT
COPYRIGHT (C) 2003 AMERICAN CHEMICAL SOCIETY, JAPAN SCIENCE
AND TECHNOLOGY CORPORATION, AND FACHINFORMATIONSZENTRUM KARLSRUHE

FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: Nov 28, 2003 (20031128/UP).

=> dup rem l40 l95 l56
COST IN U.S. DOLLARS                          SINCE FILE      TOTAL
                                                 ENTRY    SESSION
FULL ESTIMATED COST                               0.06     175.65

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)    SINCE FILE      TOTAL
                                                 ENTRY    SESSION
CA SUBSCRIBER PRICE                               0.00      -1.30

FILE 'MEDLINE' ENTERED AT 11:57:10 ON 01 DEC 2003

FILE 'HCAPLUS' ENTERED AT 11:57:10 ON 01 DEC 2003
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```

FILE 'EMBASE' ENTERED AT 11:57:10 ON 01 DEC 2003

PROCESSING COMPLETED FOR L40
PROCESSING COMPLETED FOR L95
PROCESSING COMPLETED FOR L56
L96 69 DUP REM L40 L95 L56 (0 DUPLICATES REMOVED) no duplicates;
ANSWERS '1-22' FROM FILE MEDLINE 69 cites total
ANSWERS '23-43' FROM FILE HCAPLUS from 3 databases
ANSWERS '44-69' FROM FILE EMBASE

=> d bib ab 1-69

L96 ANSWER 1 OF 69 MEDLINE on STN
AN 2002704075 MEDLINE
DN 22353369 PubMed ID: 12465248
TI [Optical rhinometry--a method for objective assessment of nasal provocation].
Optische Rhinometrie--ein Verfahren zur Objektivierung der Nasalen Provokation.
AU Hampel U; Schleicher E; Wustenberg E; Huttenbrink K B; Freyer R
CS Institut fur Biomedizinische Technik, TU Dresden, Deutschland.
SO BIOMEDIZINISCHE TECHNIK, (2002) 47 Suppl 1 Pt 2 598-9.
Journal code: 1262533. ISSN: 0013-5585.
CY Germany: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals
EM 200303
ED Entered STN: 20021217
Last Updated on STN: 20030314
Entered Medline: 20030313

L96 ANSWER 2 OF 69 MEDLINE on STN
AN 2000144210 MEDLINE
DN 20144210 PubMed ID: 10679035
TI Evaluation of a neuraminidase detection assay for the rapid detection of influenza A and B virus in children.
AU Noyola D E; Paredes A J; Clark B; Demmler G J
CS Department of Pediatrics, Baylor College of Medicine, Texas Children's Hospital, 6621 Fannin, MC 3-2371, Houston, TX 77030, USA.
SO PEDIATRIC AND DEVELOPMENTAL PATHOLOGY, (2000 Mar-Apr) 3 (2) 162-7.
Journal code: 9809673. ISSN: 1093-5266.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200003
ED Entered STN: 20000330
Last Updated on STN: 20000330
Entered Medline: 20000317
AB A prototype version of a new diagnostic assay for influenza A and B (Zstat Flutrade mark) based on detection of viral neuraminidase was evaluated and compared to culture in 196 clinical samples. Children with respiratory illnesses were prospectively evaluated at a pediatrician's office and at a large children's hospital using the neuraminidase assay and viral culture performed on respiratory secretions. Influenza virus was isolated from 51

samples and 83 were positive by the neuraminidase assay. When compared to culture the sensitivity of the assay was 96%, specificity was 77%, positive predictive value was 59%, and negative predictive value was 98%. Testing in the laboratory of pure cultures of bacteria and non-influenza viruses frequently found in the respiratory tract showed 0% cross-reactivity with the neuraminidase assay and 100% specificity for influenza virus in vitro. This new assay provided useful information for the preliminary diagnosis of influenza A and B infections and appears to be suitable for both point-of-care use in the physician's office and rapid diagnosis in a virology laboratory. The high sensitivity makes it particularly useful as a screening test for exclusion of influenza A and B infections. To confirm the diagnosis and exclude a false-positive result, as well as to determine the influenza virus type, a viral culture may be considered.

L96 ANSWER 3 OF 69 MEDLINE on STN
AN 2000033984 MEDLINE
DN 20033984 PubMed ID: 10567989
TI Prospective randomized investigation for evaluation of postoperative changes in the microbial climate of paranasal mucosa by the use of different dissoluting techniques during postoperative care.
CM Erratum in: Rhinology 1999 Dec;37(4):192
Erratum in: Salhy H[corrected to Sahly H]
AU Maune S; Johannssen V; Sahly H; Werner J A; Salhy H
CS Department of Otorhinolaryngology, Head and Neck Surgery, University of Kiel, Germany.
SO RHINOLOGY, (1999 Sep) 37 (3) 113-6.
Journal code: 0347242. ISSN: 0300-0729.
CY Netherlands
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199912
ED Entered STN: 20000113
Last Updated on STN: 20000330
Entered Medline: 19991207
AB Endonasal dissolution by the use of NaCl-solution is a common postoperative treatment of the nasal mucosa after endonasal surgery. These procedure involve for example endonasal shower and sterilized solutions. The contamination of nasal shower in case of unprofessional cleaning after treatment was an argument against this technique in earlier discussions. The danger of such an infection should be avoided by the use of sterilized solution. Therefore the dependence of nasal microbial climate on different nasal dissoluting techniques was investigated by the use of such named endonasal shower (Siemens und Co, Bad Ems, Germany) in comparison with sterilized solution (Rhinomer, Zyma SA, Nyon, France). Microbial cultures were investigated of 80 patients after endonasal surgery (53 m, 27 f; 31 +/- 21 age). Surgery was done for the treatment of chronic polypous sinusitis. Pre-, intra- and postoperative samples were taken in 640 cases to proceed microbial cultures. Material was transferred with the use of a Port-A-Cul-transport medium and preparation of the microbial cultures was done during the first four hours. As a result 895 bacterial clones were cultivated. These consisted of 87% aerob and 13% anaerob bacteria. Staphylococcus aureus (39%) and members of the family of Enterobactericae (30%) were the most common microbes. There was neither an evidence for postoperative microbes on the nasal mucosa nor a

correlation between the dissoluting technique and the postoperative outcome. The use of sterilized solutions for the postoperative care of endonasal mucosa does not cause an additional worthful effect on neither the postoperative microbial climate nor the outcome in comparison to endonasal shower.

L96 ANSWER 4 OF 69 MEDLINE on STN
AN 1999033419 MEDLINE
DN 99033419 PubMed ID: 9816631
TI Rhinoresistometry versus rhinomanometry--an evaluation.
AU Temmel A F; Toth J; Marks B; Jager S; Berger U; Reiser K; Horak F
CS Universitatsklinik fur Hals-, Nasen- und Ohrenheilkunde, AKH, Vienna, Austria.
SO WIENER KLINISCHE WOCHENSCHRIFT, (1998 Sep 18) 110 (17) 612-5.
Journal code: 21620870R. ISSN: 0043-5325.
CY Austria
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199901
ED Entered STN: 19990209
Last Updated on STN: 19990209
Entered Medline: 19990126
AB Allergic nasal hyperreactivity is a common problem and many patients suffer from daily symptoms. Rhinomanometry is so far the only well established clinical method for objective assessment of nasal patency, although several expressions of nasal patency have been reported. Universal standardisation was achieved in 1983 in Brussels by Clement et al. [1], but many specialists are looking for a system giving more information on the functional aspects of the nose. A new development arising from active anterior rhinomanometry is rhinoresistometry. We tested this equipment, which has been introduced with new software for calculation and graphic presentation. 24 adult volunteers with proven allergy to grass pollen were examined immediately after long-term challenge in the Vienna Challenge Chamber [3] and 15 minutes after decongestion by application of 5% ephedrine solution. The similarity and differences between rhinomanometry and rhinoresistometry, as well as the value of the additional parameters are pointed out. Our data indicate that rhinoresistometry is a rapid, reproducible and non-invasive technique, which gives extended information in comparison to classic rhinomanometry. The results correlate very well with the findings obtained by the standard method. This pilot study demonstrates the benefit of the new parameters.

L96 ANSWER 5 OF 69 MEDLINE on STN
AN 1998311732 MEDLINE
DN 98311732 PubMed ID: 9647926
TI [Acoustic rhinometry for evaluating the effectiveness of antihistaminics].
Die akustische Rhinometrie zur Beurteilung der Wirksamkeit von Antihistaminika.
AU Enzmann H; Mathe F
CS Hals-Nasen-Ohren-Klinik, Universitatsklinikum Charite, Humboldt-Universitat zu Berlin.
SO HNO, (1998 May) 46 (5) 529-33.
Journal code: 2985099R. ISSN: 0017-6192.
CY GERMANY: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA German

FS Priority Journals
EM 199808
ED Entered STN: 19980910
Last Updated on STN: 19980910
Entered Medline: 19980828
AB Acoustic rhinometry is a unique non-invasive technique for imaging and measuring the free cross-sectional area of the main nasal cavity. By so doing, reactions of the mucosa can be assessed at any selected site in the nose. The goal of this study was to define the optimal conditions for the utilization of acoustic rhinometry to determine the ability of an antihistamine to alter the effects of histamine in the mucous membrane of the nose. In a group of 30 healthy volunteers subjectively normal nasal breathing, and no history of allergy, rhinometry was performed to measure the cross-sectional area in the region of the head of the inferior nasal concha at 0.5, 10 and 15 min after histamine provocation. The volunteers subsequently received cetirizine as antihistamine. Four hours later, rhinometry was repeated after administration of histamine via the contralateral nostril. Findings showed that conchal dilatation measured 10 min after provocation was statistically less severe in 63.3% of the patients treated with cetirizine. Compared to pretreatment values, the ventilated cross-sectional area became 45.6% larger after administration antihistamine. These findings demonstrated that the nasal swelling measured 10 min after antihistamine administration was due to the effects of histamine and was not due to tactile or physical stimuli. The present studies showed that the new measurement technique is precise and reproducible. These results have also demonstrated that a acoustic rhinometry permits an objective assessment of drug efficacy while making it possible to avoid the errors observed in other variable regions of the nose, such as the nasal isthmus or nasopharynx as well as errors associated with subjective scoring systems.

L96 ANSWER 6 OF 69 MEDLINE on STN
AN 1998269492 MEDLINE
DN 98269492 PubMed ID: 9606647
TI [Power Doppler and B-mode sonography of nasal mucosa].
Power-Doppler- und B-mode-Sonographie der Nasenschleimhaut.
AU Tasman A J; Soor A; Helbig M; Frey H; Meuser J
CS Universitats-HNO-Klinik Heidelberg.
SO HNO, (1998 Apr) 46 (4) 332-8.
Journal code: 2985099R. ISSN: 0017-6192.
CY GERMANY: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals
EM 199807
ED Entered STN: 19980731
Last Updated on STN: 19980731
Entered Medline: 19980723
AB Anatomy and perfusion of the nasal septum and inferior turbinate mucosa can be visualized with B-mode and power-Doppler ultrasound. The transducer is placed externally on the nasal ala parallel to the pyriform crest and directed towards the head of the inferior turbinate of the opposite side. An individually prepared dental splint keeps the transducer in position and allows assessment of dynamic changes in mucosal swelling and perfusion. Perfusion changes are evaluated by computerized quantification of power-Doppler color pixels. Coupling of ultrasound across the nasal lumen is achieved by introducing gel into one nasal vestibule and flooding the anterior nasal cavity of the side to be

visualized with isotonic aqueous solutions. Perfusion could be visualized in 23 of 30 subjects, while B-mode sonographic anatomy was visualized in 16 subjects. The effect of isotonic saline solution (10 healthy subjects), naphazoline (10 patients with chronic nasal obstruction) and allergen extracts (10 patients with allergic rhinitis) on mucosal perfusion and swelling was studied. Isotonic saline solution induced a maximum drop in power-Doppler color pixel density by 10% and a maximum increase by 27%, but no change was seen in mucosal swelling. Naphazoline induced a 10-57% decrease in power-Doppler pixel density and decongestion of the inferior turbinate and septum mucosa by 17-43% and 4-27%, respectively. Allergen extracts induced an increase in power-Doppler color pixel density by 24-181% and an increase in mucosal thickness by 4-31%. These preliminary results encourage further studies of nasal mucosal perfusion changes using power-Doppler sonography after pharmacologic and allergen provocations.

L96 ANSWER 7 OF 69 MEDLINE on STN
AN 1999016374 MEDLINE
DN 99016374 PubMed ID: 9799992
TI Nasal passage patency in patients with allergic rhinitis measured by acoustic rhinometry: nasal responses after allergen and histamine provocation.
AU Miyahara Y; Ukai K; Yamagiwa M; Ohkawa C; Sakakura Y
CS Department of Otorhinolaryngology, Mie University School of Medicine, Japan.
SO AURIS, NASUS, LARYNX, (1998 Sep) 25 (3) 261-7.
Journal code: 7708170. ISSN: 0385-8146.
CY Netherlands
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199902
ED Entered STN: 19990216
Last Updated on STN: 19990216
Entered Medline: 19990204
AB We investigated nasal passage patency after allergen and histamine provocation in patients with allergic rhinitis by acoustic rhinometry. In total, 75 outpatients with allergic rhinitis were studied. The threshold of nasal hypersensitivity to histamine was measured by the 10 microliters instillation of serial 10-fold dilution in the ipsilateral nasal cavity. Nasal provocation testing to specific antigen was applied to the anterior part of inferior turbinate in bilateral sides in sitting position. Measurement of nasal patency by acoustic rhinometry was repeated three times in each nasal cavity. The minimal cross-sectional area and total volume of nasal cavity were measured in an individual subject. The minimal cross-sectional area and total volume in the histamine challenged-side significantly decreased on the 10(-2), 10(-1), 10(-0) of end point, and up to 30 min after challenge with the threshold dose, but not in the unchallenged side. This means acoustic reflection technique is sensitive at least 100-fold in comparison with classical method like findings by anterior rhinoscopy and symptom scores. Nasal passage patency after bilateral allergen provocation showed predominant in the unilateral side, suggesting the cross over-reflex effects. It was concluded that acoustic rhinometry is one of the highly quantitative and sensitive method which can observe the change of nasal congestion.

L96 ANSWER 8 OF 69 MEDLINE on STN
AN 1999095490 MEDLINE

DN 99095490 PubMed ID: 9879417
TI Clinical evaluation of lumiward immunoassay system for detection of specific IgE associated with allergic rhinitis.
AU Yamada K; Ohashi Y; Tanaka A; Kakinoki Y; Washio Y; Hayashi M; Kishimoto K; Nakai Y
CS Department of Otolaryngology, Osaka City University Medical School, Japan.
SO ACTA OTO-LARYNGOLOGICA. SUPPLEMENT, (1998) 538 169-77.
Journal code: 0370355. ISSN: 0365-5237.
CY Norway
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199903
ED Entered STN: 19990326
Last Updated on STN: 20000303
Entered Medline: 19990318
AB The detection of specific IgE is a critical prerequisite for both the definitive diagnosis and the therapeutic strategy of allergic rhinitis and other allergic disorders. The aim of the present study was thus to evaluate the clinical significance of the solid phase capture system (CAP) and the lumiward immunoassay system (LMD) in the diagnosis of allergic rhinitis due to Dermatophagoides farinae (D. farinae) and Japanese cedar (Cryptomeria japonica) pollens. The specificity of both the CAP and the LMD in the detection of D. farinae-specific IgE and Japanese cedar pollen-specific IgE was 100%. The sensitivity to detect D. farinae-specific IgE was 95.76% in the skin test, 86.53% in the CAP and 88.53% in the LMD, respectively. The combination of the nasal provocation test and the CAP substituted for the skin test resulted in correct diagnoses for 98.25% of the patients, and the combination of the nasal provocation test and the LMD substituted for the skin test resulted in correct diagnoses for 98.00% of the patients. Therefore, the diagnostic significance of the LMD for perennial allergic rhinitis is likely to be equal to that of the CAP. The sensitivity to detect Japanese cedar pollen-specific IgE was 94.50% in the skin test, 84.47% in the CAP, and 96.76% in the LMD, respectively. The sensitivity of the CAP in the detection of Japanese cedar pollen-specific IgE was inferior to that of the skin test, but the sensitivity of the LMD in the detection of pollen-specific IgE was somewhat superior to that of the skin test. In addition, the combination of the nasal provocation test and the CAP substituted for the skin test resulted in correct diagnoses for 98.38% of the patients, whereas the combination of the nasal provocation test and the LMD substituted for the skin test resulted in correct diagnoses for 100% of the patients. Therefore, the diagnostic significance of the LMD for seasonal allergic rhinitis due to Japanese cedar pollens is probably larger than that of the CAP. In conclusion, the LMD may be a better "gold standard" for the detection of Japanese cedar pollen-specific IgE than the skin test, and the combination of the nasal provocation test and the LMD is a better diagnostic tool for the detection of Japanese cedar pollen-induced seasonal allergic rhinitis than the combination of the nasal provocation test and the skin test or the CAP.

L96 ANSWER 9 OF 69 MEDLINE on STN
AN 1999048367 MEDLINE
DN 99048367 PubMed ID: 9830675
TI Nasal nitric oxide and its relationship to nasal symptoms, smoking and nasal nitrate.
AU Olin A C; Hellgren J; Karlsson G; Ljungkvist G; Nolkrantz K; Toren K
CS Section of Occupational Medicine, Sahlgrenska University Hospital,

Goteborg, Sweden.
SO RHINOLOGY, (1998 Sep) 36 (3) 117-21.
Journal code: 0347242. ISSN: 0300-0729.
CY Netherlands
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199901
ED Entered STN: 19990209
Last Updated on STN: 19990209
Entered Medline: 19990127
AB Nitric oxide (NO) is produced in the nasal mucosa and in the paranasal sinuses. Increased nasal NO concentrations have been found in patients with asthma and/or rhinitis, and nasal NO has been suggested to be a marker of nasal inflammation. Measuring the stable end products of NO, nitrate and nitrite in nasal lavage fluid have been proposed as an indirect method for measuring NO concentration. The aim of this study was to measure nasal NO concentration, and to find out its relationship to nasal nitrate concentration and clinical parameters. 73 paper-mill workers were investigated with nasal and exhaled NO, nitrate in nasal lavage fluid and were given a respiratory questionnaire. Nasal air was sampled directly from a nasal mask and NO concentration was measured with a chemiluminescence analyser. Exhaled NO was measured with the subjects breathing tidal volumes and wearing nose clips. The nitric oxide metabolites were analysed as nitrate, after reduction of nitrite to nitrate. Smokers had lower nasal NO concentration (264 ppb) as compared to NO concentrations of 340 ppb among non-smokers ($p = 0.02$). There was no statistically significant relationship between nasal NO concentration and nitrate in nasal lavage fluid or nasal symptoms. Nasal NO concentration was significantly related to FVC ($p = 0.047$) and there was a relationship with borderline statistical significance ($p = 0.06$) to FEV1. In conclusion, we found no relationship between nitrate in nasal lavage and nasal NO, and neither of these were correlated to nasal symptoms or to nasal PIF. Nasal NO was significantly lower among smokers. Further controlled studies on subjects with rhinitis are needed, to evaluate the relation between nasal NO and nasal inflammation. In addition, there is also a need to develop methods for measuring nasal NO that minimise contamination from sinuses.

L96 ANSWER 10 OF 69 MEDLINE on STN
AN 93228716 MEDLINE
DN 93228716 PubMed ID: 8471095
TI [Acoustic rhinometry: measuring the early and late phase of allergic immediate reaction in allergic rhinitis].
Akustische Rhinometrie: Messung der Fruh- und Spatphase der allergischen Sofortreaktion bei der allergischen Rhinitis.
AU Rasp G
CS Klinik und Poliklinik fur Hals-Nasen-Ohrenkranke, Ludwig-Maximilians-Universitat Munchen.
SO LARYNGO- RHINO- OTOLOGIE, (1993 Mar) 72 (3) 125-30.
Journal code: 8912371. ISSN: 0935-8943.
CY GERMANY: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals
EM 199305
ED Entered STN: 19930604
Last Updated on STN: 19970203

Entered Medline: 19930520

AB Acoustic rhinometry is a method to analyse nasal airway geometry. Almost every antigen-induced allergic reaction in the nasal cavity leads to morphologic changes known as nasal obstruction. Therefore a study in 8 patients suffering from allergic rhinitis was conducted. Patients were challenged with 1,000 Biological Units (BU) of grass pollen or D. pteronyssinus extract in one nostril. Acoustic rhinometry (AR) was performed before and 10, 20, 30, 45 and 60 minutes and then 2 to 8 hours after allergen exposure. 4 of the patients developed a late phase reaction. Changes were seen in the minimal cross-sectional area (MCA) and even better in a newly induced volume parameter called volume A (V-A). Volume A is calculated by integration of the distance/area graph surrounding the anterior part of the lower turbinate. Thus we can get information on more than one point of a graph in the important region of the anterior nose. Early phase reaction leads to a decrease in both MCA and V-A from 30% to 10% of the baseline value whereas late phase reaction gives only a third of this effect. The contralateral V-A and MCA are only slightly affected in the early phase, but there is an almost symmetric reaction of both sides in the late phase reaction. All changes were more pronounced in V-A compared to MCA. Therefore we propose to add V-A to MCA in describing the results of AR. Acoustic rhinometry is a suitable method for measuring local changes following nasal allergen challenge.

L96 ANSWER 11 OF 69 MEDLINE on STN
AN 93094491 MEDLINE
DN 93094491 PubMed ID: 1460207
TI Response of nasal mucosa to histamine or methacholine challenge: use of a quantitative method to examine the modulatory effects of atropine and ipratropium bromide.
AU Naclerio R M; Baroody F M
CS Johns Hopkins University School of Medicine, Baltimore, MD.
SO JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY, (1992 Dec) 90 (6 Pt 2) 1051-4. Journal code: 1275002. ISSN: 0091-6749.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199301
ED Entered STN: 19930129
Last Updated on STN: 20020125
Entered Medline: 19930112

AB We have developed a new technique for the direct local administration of test solutions to the nasal mucosa and for quantification of nasal secretory responses. This technique, a variation on several published reports of filter paper use, allows simple and rapid determination of drug effects and facilitates the analysis of ipsilateral and contralateral responses to local challenge of the nasal mucosa. We have used this technique to investigate the secretory responses of the nasal mucosa to methacholine and histamine and to determine the effects of atropine and ipratropium bromide (Atrovent nasal spray) on these secretory responses.

L96 ANSWER 12 OF 69 MEDLINE on STN
AN 92344695 MEDLINE
DN 92344695 PubMed ID: 1637449
TI [Allergic rhinopathy: Magic Lite SQ Allergy Screen Inhalant and CAP-FEIA SX1--comparison of two allergen-specific screening tests in serum].

Rhinopathia allergica: Magic Lite SQ Allergie Screen Inhalant und CAP-FEIA SX1--Vergleich zweier allergenspezifischer Suchtests im Serum.
AU Rasp G
CS Klinik und Poliklinik fur Hals-Nasen-Ohrenkranke der Ludwig-Maximilians-Universitat Munchen.
SO LARYNGO- RHINO- OTOLOGIE, (1992 Jun) 71 (6) 298-301.
Journal code: 8912371. ISSN: 0935-8943.
CY GERMANY: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals
EM 199209
ED Entered STN: 19920911
Last Updated on STN: 19920911
Entered Medline: 19920903
AB Although total IgE determination in the diagnosis of allergic rhinitis has been proposed for screening, specific tests seem to be more efficient. In this study, Magic Lite SQ Allergy Screen Inhalant (ML) and CAP-FEIA Phadiatop (CF) were compared in serum in a group of 101 patients with allergic rhinitis (41 women, 60 men, mean age 31.4 years, range 7-69) and 37 controls (17 women, 20 men, mean age 38.3 years, range 6-68). All patients were suffering from nasal disease. The diagnosis based on case history, skin prick test, total and specific IgE determination and nasal challenge tests. ML was found to have a sensitivity of 96% and a specificity of 83.8% while CF achieved a sensitivity of 94.1% and a specificity of 94.6%. Efficiency was 92.8% for ML and 94.2% for CF. A positive predictive value of 94.2% for ML and of 97.9% for CF was calculated while the negative predictive value was 88.6% for ML and 85.4% for CF. It is concluded, that both ML and CF are suitable allergy screening tests able to give a 100% diagnostic security in combination with further examinations, especially regarding the case history.

L96 ANSWER 13 OF 69 MEDLINE on STN
AN 92266605 MEDLINE
DN 92266605 PubMed ID: 1587035
TI Evaluation of nasal resistance data in active anterior rhinomanometry with special reference to clinical usefulness and test-retest analysis.
AU Sipila J; Suonpaa J; Laippala P
CS Department of Otolaryngology, Turku University Central Hospital, Finland.
SO CLINICAL OTOLARYNGOLOGY, (1992 Apr) 17 (2) 170-7.
Journal code: 7701793. ISSN: 0307-7772.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199206
ED Entered STN: 19920710
Last Updated on STN: 19970203
Entered Medline: 19920622
AB A systematic evaluation of the most common parameters used in active anterior rhinomanometry was made with artificial tube and cadaver models and patient recordings. The clinical suitability of the parameters was judged on their calculability, reproducibility and power to separate the recordings into meaningful degrees of patency. It was shown that resistance at 150 Pa was not calculable in 30% of the measurements because such a high pressure gradient was not achieved during quiet breathing. The power to separate the grades of obstruction was good with all the models but in the test-retest analysis, it was shown that the power to

detect +/- 20% variation in repeated measurement in the same person with a decongested nose was not sufficient with the resistance at 150 ml/s and at radius 100. The coefficient of resistance W = P/V2 at peak flow and resistance at radius 200 showed good capability to separate the grades of obstruction, they are measurable in all recordings, their reproducibility is good and thus, they are recommended for clinical practice.

L96 ANSWER 14 OF 69 MEDLINE on STN
AN 90334647 MEDLINE
DN 90334647 PubMed ID: 2378653
TI [How can hyperreactive rhinopathy be modified surgically? II: Acoustic rhinometry and anterior turbinoplasty].
Wie ist die hyperreflektorische Rhinopathie chirurgisch zu beeinflussen? Teil II: Akustische Rhinometrie und anteriore Turbinoplastik.
AU Lenders H; Pirsig W
CS Sektion fur Rhinologie und Rhonchopathien, Hals- Nasen- Ohrenklinik der Universitat Ulm.
SO LARYNGO- RHINO- OTOLOGIE, (1990 Jun) 69 (6) 291-7.
Journal code: 8912371. ISSN: 0935-8943.
CY GERMANY, WEST: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals
EM 199009
ED Entered STN: 19901012
Last Updated on STN: 19901012
Entered Medline: 19900913
AB By means of the acoustic reflection technique, or acoustic rhinometry, all cross-sectional areas of the upper airway can be measured by an acoustic signal. In this paper, the normal mean curve of 134 normal probands is determined. This normal curve shows the minimum cross-sectional area (I-notch) to be located at the Isthmus nasi. The second narrowest segment of the nasal cavity is located at the head of the inferior concha (C-notch). In patients with turbinate hypertrophy due to allergic or vasomotor rhinitis the minimum cross-sectional area is sited at the head of the inferior turbinate. Furthermore, acoustic rhinometry allows the exact size and location of the congested mucosa to be determined following provocation with allergens in patients with allergic rhinitis. Acoustic rhinometry could further demonstrate why nasal breathing in patients with turbinate hypertrophy improves in the long term after anterior turbinoplasty: in this operation the narrow cross-sectional areas at the head of the inferior turbinate are enlarged. Acoustic rhinometry not only allows the location and size of the various deviations of the nasal structures to be distinguished from normal (valve stenosis, septal deviation, turbinate hypertrophy, tumor masses), but also allows an exact demonstration of the efficacy of rhinosurgical techniques.

L96 ANSWER 15 OF 69 MEDLINE on STN
AN 90304658 MEDLINE
DN 90304658 PubMed ID: 2364306
TI The 'nasal pool' device applies controlled concentrations of solutes on human nasal airway mucosa and samples its surface exudations/secretions.
AU Greiff L; Pipkorn U; Alkner U; Persson C G
CS Department of Oto-Rhino-Laryngology, University of Lund, Sweden.
SO CLINICAL AND EXPERIMENTAL ALLERGY, (1990 May) 20 (3) 253-9.
Journal code: 8906443. ISSN: 0954-7894.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)

LA English
FS Priority Journals
EM 199008
ED Entered STN: 19900921
Last Updated on STN: 19900921
Entered Medline: 19900814
AB A 'nasal pool' (NP) device, a compressible plastic container with an adapted nozzle, was used to perform a continuous 10-min nasal provocation and lavage. This novel technique brings known concentrations of agents into contact with a large and defined area of the nasal mucosal surface for extended periods of time. Simultaneously, the surface exudations/secretions of the same nasal mucosa are effectively sampled by the NP fluid. A concentration-response study of histamine (80, 400 and 2000 micrograms/ml) was performed in 12 normal subjects on three different occasions. Exudation of plasma albumin into the lavage fluid was measured to quantitate the histamine-induced airway inflammation. The effect of the dwell time on exudation was examined using histamine (400 micrograms/ml) instilled in the nasal cavity for time periods from 10 sec to 10 min. The time course of histamine-induced plasma exudation response was studied by exposing the mucosa to histamine (400 micrograms/ml) for 12 min, with the NP renewed every minute. Allergen-provocations were performed in subjects with hay fever and TAME-esterase activity in the returned lavage fluid was determined to indicate the degree of response. Histamine produced a concentration-dependent increase in albumin levels in the NP fluid; 123.3 +/- 25.6, 213.8 +/- 19.7 and 430.2 +/- 32.0 micrograms/ml (mean +/- s.e.m.), respectively. The time-course study demonstrated that plasma exudation into the lumen occurred promptly and that the exudation response reached a maximum after exposure to histamine for 6-10 min. The dwell-time experiments supported this finding. After 10 min the exudation appeared to decline despite the continued presence of histamine.(ABSTRACT TRUNCATED AT 250 WORDS)

L96 ANSWER 16 OF 69 MEDLINE on STN
AN 90253571 MEDLINE
DN 90253571 PubMed ID: 2340066
TI [Rhinomanometry: indications, limitations and results].
Rhinomanometrie: indications, limites et resultats.
AU Le Sellin J; Sabbah A; Drouet M; Bonneau J C; Fourrier E
CS Laboratoire d'Immuno-Allergologie, CHRU, Angers, France.
SO ALLERGIE ET IMMUNOLOGIE, (1990 Mar) 22 (3) 103-6.
Journal code: 0245775. ISSN: 0397-9148.
CY France
DT Journal; Article; (JOURNAL ARTICLE)
LA French
FS Priority Journals
EM 199006
ED Entered STN: 19900720
Last Updated on STN: 19900720
Entered Medline: 19900628
AB The aim of this study was to present briefly the different techniques for measurement of nasal resistance and to show the importance that we attribute to this measurement. Within the framework of the allergological investigation rhinamometry is a parameter that allows evaluation of the results of allergenic nasal provocation. Nasal provocation is in the framework as a complementary examination that is often indespensable to confirm with most possible certainty the involvement of an allergen in the ORL pathology. Positive etiological diagnosis is a fundamental basis for therapeutic advice.

L96 ANSWER 17 OF 69 MEDLINE on STN
AN 89277831 MEDLINE
DN 89277831 PubMed ID: 2732103
TI [The technic of intranasal hyposensitization and provocation with rhinomanometric control].
Zur Technik der intranasalen Hyposensibilisierung und Provokation unter rhinomanometrischer Kontrolle.
AU Enzmann H; Kandler B
CS Universitats-Hals-Nasen-Ohrenklinik Heidelberg.
SO HNO, (1989 May) 37 (5) 203-6.
Journal code: 2985099R. ISSN: 0017-6192.
CY GERMANY, WEST: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals
EM 198907
ED Entered STN: 19900309
Last Updated on STN: 19900309
Entered Medline: 19890721
AB Intranasal provocation using many related allergens over a short time with subsequent local, intranasal hyposensitization should always be used by rhinologists trained in allergy if systemic hyposensitization cannot be considered, e.g. when skin tests are negative. This is frequently the case with mold spores.

L96 ANSWER 18 OF 69 MEDLINE on STN
AN 88064812 MEDLINE
DN 88064812 PubMed ID: 2446098
TI [Basophil degranulation test in suspected mould allergy].
Der Basophilen-Degranulationstest bei Verdacht auf Schimmelpilzallergie.
AU Keller H; Madjar J; Schapowal A
CS Univ.-Hals-Nasen-Ohrenklinik Heidelberg.
SO LARYNGOLOGIE, RHINOLOGIE, OTOLOGIE, (1987 Sep) 66 (9) 484-9.
Journal code: 7513628. ISSN: 0340-1588.
CY GERMANY, WEST: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals
EM 198801
ED Entered STN: 19900305
Last Updated on STN: 19900305
Entered Medline: 19880105
AB Mould allergy is often linked with a pattern of signs and symptoms of the upper airways, especially of the nose. Since exact aetiopathological correlations are hard to determine by anamnesis only, further allergy diagnosis is very important. This often yields marked differences between intracutaneous and nasal provocation tests. The human basophil degranulation test (HBDT) now offers a further method of in-vitro diagnosis. This test can explore the condition of the basophils, which are of great importance for the allergic reaction besides the mast cells, and the ability of these cells to degranulate in the presence of a corresponding allergen. We investigated the correlations between the results of HBDT, intracutaneous skin test and nasal provocation test. 30 patients with perennial rhinitis suspected of being caused by moulds were tested using 4 mould mixtures. We found many more positive results with the nasal test and HBDT than with the skin test. The corrected contingency coefficient after Pearson showed a stronger correlation of

HBDT to the incracutaneous skin test and to the nasal provocation test than between the two in-vivo methods. This is thought to be due to a wider sensitivity spectrum of the degranulation test which can possibly also measure other allergy reactions than type I after Commbs and Gell. We consider HBDT to be a valuable additional tool in allergy diagnosis. We should welcome a wider range of different allergenic test slides and a standardisation of allergenic extracts.

L96 ANSWER 19 OF 69 MEDLINE on STN
AN 86157184 MEDLINE
DN 86157184 PubMed ID: 4096443
TI [Nasal function testing].
Exploracion funcional nasal.
AU Garde Garde J M
SO ANALES ESPANOLES DE PEDIATRIA, (1985 Nov 30) 23 (7) 494-501.
Journal code: 0420463. ISSN: 0302-4342.
CY Spain
DT Journal; Article; (JOURNAL ARTICLE)
LA Spanish
FS Priority Journals
EM 198604
ED Entered STN: 19900321
Last Updated on STN: 19900321
Entered Medline: 19860407

L96 ANSWER 20 OF 69 MEDLINE on STN
AN 84136745 MEDLINE
DN 84136745 PubMed ID: 6699316
TI Induction of nasal late-phase reactions by insufflation of ragweed-pollen extract.
AU Dvoracek J E; Yunginger J W; Kern E B; Hyatt R E; Gleich G J
NC AI-11483 (NIAID)
SO JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY, (1984 Mar) 73 (3) 363-8.
Journal code: 1275002. ISSN: 0091-6749.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 198404
ED Entered STN: 19900319
Last Updated on STN: 19970203
Entered Medline: 19840424
AB We studied changes in NAC in 17 ragweed-sensitive individuals after intranasal ragweed-challenge testing. All patients experienced immediate symptoms of sneezing, rhinorrhea, and nasal congestion that were associated with marked decreases in NAC (mean = 68%). In 10 trials patients also experienced late (greater than 0 hr) symptoms of nasal congestion with or without rhinorrhea; the mean late NAC decrease in this group was 42%. In contrast, no late symptoms were noted in nine trials, and the mean NAC decreased 5% in this group (p less than 0.003). Attempts to passively transfer immediate or late nasal sensitivity to one individual by spraying the nasal cavity with IgE antibody-containing serum, by packing the nose with cotton pledgets soaked in serum, by injecting serum directly into the inferior turbinate, and by transfusion with IgE-containing serum were not successful. We conclude that symptomatic late-phase reactions occur in the nose after intranasal challenge in about 50% of patients and that these symptomatic reactions can be confirmed objectively by rhinomanometry.

L96 ANSWER 21 OF 69 MEDLINE on STN
AN 82067457 MEDLINE
DN 82067457 PubMed ID: 7305730
TI [A new rhinomanometer in clinical trial for nasal allergen provocation tests. (author's transl)].
Ein neuartiges Rhinomanometriegerat im Klinischen Vergleich beim Intranasalen Provokationstest.
AU Schlenter W W; Bassermann L
SO ARCHIVES OF OTO-RHINO-LARYNGOLOGY, (1981) 232 (3) 265-72.
Journal code: 0414105. ISSN: 0302-9530.
CY GERMANY, WEST: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals
EM 198201
ED Entered STN: 19900316
Last Updated on STN: 19900316
Entered Medline: 19820120
AB In 30 patients with a positive history of allergic rhinitis, positive skin tests, and a positive RAST for house dust, house dust mite, and fungi, intranasal provocation was carried out with one or several allergens. Nasal resistance was measured every 15 min for 1 h using a body plethysmograph and a new rhinomanometer (Allergopharma A440). The respective results were compared to verify the usefulness of the new rhinomanometer for ENT departments.

L96 ANSWER 22 OF 69 MEDLINE on STN
AN 81098015 MEDLINE
DN 81098015 PubMed ID: 7453424
TI [Practice of intranasal allergic tests under rhinorheomanometric control (author's transl)].
Zur Praxis der intranasalen Allergietestung unter rhinorheomanometrischer Kontrolle.
AU Schmitt H; Enzmann H
SO LARYNGOLOGIE, RHINOLOGIE, OTOLOGIE, (1980 May) 59 (5) 263-70.
Journal code: 7513628. ISSN: 0340-1588.
CY GERMANY, WEST: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals
EM 198103
ED Entered STN: 19900316
Last Updated on STN: 19900316
Entered Medline: 19810324
AB The present report describes the method of rhinorheomanometry in intranasal allergic tests, how it is practised at the ENT-Clinic of Heidelberg University. In addition, we give a survey of the steps taken in order to diagnose rhinitis allergica, and explain particularly the necessity of the differentiation from non-allergical reactions as well as of histaminic control. These examinations are illustreated by describing serveral cases.

L96 ANSWER 23 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2003:312633 HCAPLUS
DN 138:317141
TI Rapid **diagnostic** method for distinguishing allergies and infections and **nasal secretion** collection unit

IN Small, Parker; Huang, Shih-Wen; Kudla, Ronald
PA University of Florida, USA
SO U.S., 15 pp., Cont.-in-part of Appl. No. PCT/US99/05751.
CODEN: USXXAM
DT Patent
LA English
FAN.CNT 3

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE	
PI	US 6551791	B1	20030422	US 2000-597360	20000619	
	US 5910421	A	19990608	US 1996-621557	19960325	<--
	WO 2000055359	A1	20000921	WO 1999-US5751	19990316	<--
	W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM					
	RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG					
	AU 9933558	A1	20001004	AU 1999-33558	19990316	<--
	EP 1161559	A1	20011212	EP 1999-914920	19990316	<--
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI					
	JP 2002538834	T2	20021119	JP 2000-605775	19990316	
	WO 2001098783	A2	20011227	WO 2001-US16216	20010518	<--
	WO 2001098783	A3	20020404			
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM					
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG					
	EP 1295128	A2	20030326	EP 2001-939150	20010518	
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR					
	US 2002081575	A1	20020627	US 2001-15525	20011213	
	US 2002086286	A1	20020704	US 2001-15509	20011213	
	US 2002086287	A1	20020704	US 2001-15521	20011213	
	US 2002137117	A1	20020926	US 2001-15520	20011213	
PRAI	US 1995-576604	B2	19951221			
	US 1996-621557	A2	19960325			
	WO 1999-US5751	A2	19990316			
	US 2000-597360	A	20000619			
	WO 2001-US16216	W	20010518			
	US 2002-936954	A2	20020124			

AB A method and device for rapidly, non-invasively and inexpensively differentiating between allergic rhinitis, upper respiratory tract viral infection and bacterial sinusitis, comprising a support strip upon which is fixed discrete indicators of pH, protein content, nitrite content, leukocyte esterase activity, and eosinophil content or other measure of a substance found in allergic **secretions**, such as TAME esterase, of a sample with which said reagent test strip is contacted. Contact of a **nasal secretion** with the device of this invention

permits differentiation between allergic, bacterial and viral conditions, based on pH, protein content, leukocyte esterase activity, nitrite content, eosinophil content and TAME esterase activity. The invention further provides a novel means for collecting **nasal secretions** to facilitate differential diagnosis of sinusitis, upper respiratory tract viral infection and allergic rhinitis.

RE.CNT 9 THERE ARE 9 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L96 ANSWER 24 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2001:935886 HCAPLUS
DN 136:66584
TI Rapid **diagnostic** method for distinguishing allergies and infections and **nasal secretion** collection unit
IN Kudla, Ronald; Small, Parker; Huang, Shih-Wen
PA University of Florida, USA
SO PCT Int. Appl., 43 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 3

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2001098783	A2	20011227	WO 2001-US16216	20010518 <--
WO 2001098783	A3	20020404		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
US 6551791	B1	20030422	US 2000-597360	20000619
EP 1295128	A2	20030326	EP 2001-939150	20010518
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				

PRAI US 2000-597360 A 20000619
US 1995-576604 B2 19951221
US 1996-621557 A2 19960325
WO 1999-US5751 A2 19990316
WO 2001-US16216 W 20010518

AB A method and device for rapidly, non-invasively and inexpensively differentiating between allergic rhinitis, upper respiratory tract viral infection and bacterial sinusitis, comprises a support strip upon which is fixed discrete indicators of pH, protein content, nitrite content, leukocyte esterase activity, and eosinophil content or other measure of a substance found in allergic **secretions**, such as TAME esterase, of a sample with which said reagent test strip is contacted. Contact of a **nasal secretion** with the device of this invention permits differentiation between allergic, bacterial and viral conditions, based on pH, protein content, leukocyte esterase activity, nitrite content, eosinophil content and TAME esterase activity. The invention further provides a novel means for collecting **nasal secretions** to facilitate differential diagnosis of sinusitis, upper respiratory tract viral infection and allergic rhinitis.

L96 ANSWER 25 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2001:300753 HCAPLUS
DN 134:339525
TI Method for production and use of mite Group 1 proteins
IN Best, Elaine A.; Mcdermott, Martin J.
PA Heska Corporation, USA
SO PCT Int. Appl., 154 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2001029078	A2	20010426	WO 2000-US28204	20001012 <--
WO 2001029078	A3	20020117		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRAI US 1999-159841P A2 19991015
AB The present invention includes a method to produce a recombinant mite Group 1 protein in a methyltrophic yeast or an Escherichia coli microorganism. The present invention also relates to a recombinant mite Group 1 protein obtained by such a method, such a recombinant protein being able to selectively bind IgE or cause proliferation of a T cell that proliferates in response to a native mite Group 1 protein. Also included in the present invention is the use of such a recombinant mite Group 1 protein to detect mite allergy or to reduce an allergic response to a mite Group 1 protein. The present invention also includes novel mite Group 1 nucleic acid mols., proteins, recombinant mols., and recombinant cells, as well as uses thereof.

L96 ANSWER 26 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2001:319589 HCAPLUS
DN 134:325188
TI **Assay** of IgE or other protein or glycoprotein in **nasal secretions**
IN Bloch-Michel, Etienne; De Luca, Helene
PA Fr.
SO Eur. Pat. Appl., 10 pp.
CODEN: EPXXDW
DT Patent
LA French
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI EP 1096258	A1	20010502	EP 2000-403010	20001030 <--
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
FR 2800469	A1	20010504	FR 1999-13568	19991029 <--

PRAI FR 1999-13568 A 19991029
AB Methods and compns. are disclosed which allow the detection and/or determination

of a protein or glycoprotein from a **nasal secretion.** In particular, the invention discloses methods useful for the determination of the presence of Igs, especially IgE, in **nasal secretions.** Also disclosed are materials and kits for use in the methods of the invention, as well as their application, e.g. to diagnose allergic potential.

RE.CNT 5 THERE ARE 5 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L96 ANSWER 27 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2001:563408 HCAPLUS
DN 136:277501
TI **Nasal** secretions and exudations: collection and approaches to analysis
AU Greiff, Lennart; Andersson, Morgan; Persson, Carl G. A.
CS Department of Otorhinolaryngology, University Hospital, Lund, Swed.
SO Methods in Molecular Medicine (2001), 56(Human Airway Inflammation), 61-73
CODEN: MMMEFN
PB Humana Press Inc.
DT Journal; General Review
LA English
AB A review. **Nasal** lavage procedures in adults and chlidren and the controlled exposure of the **nasal** mucosa to different agents and tracers are described, focusing on the sampling of **nasal** mucosa surface liqs. for the anal. of solutes. Tentative exptl. means by which airway mucosal surface liqs. may be enriched with epithelial inflammatory cell products are also discussed.
RE.CNT 29 THERE ARE 29 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L96 ANSWER 28 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 2000:161172 HCAPLUS
DN 132:199100
TI Electrically treated composition and therapeutic use
IN Wetling, John F.; Kharazmi, Arsalan
PA Den.
SO PCT Int. Appl., 58 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2000012134	A1	20000309	WO 1999-DK460	19990901 <--
	W: AE, AL, AM, AT, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, CZ, DE, DE, DK, DK, DM, EE, EE, ES, FI, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	AU 9954080	A1	20000321	AU 1999-54080	19990901 <--
PRAI	DK 1998-1096	A	19980901		
	DK 1998-1299	A	19981013		
	WO 1999-DK460	W	19990901		

AB The invention relates to an elec. treated or affected composition capable of

being used in a method for therapeutic treatment of a human being or an animal. The elec. treated composition is particularly useful in suppressing the **secretion** of histamine from mast cells and, thus, represents a new form of asthma treatment.
RE.CNT 9 THERE ARE 9 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L96 ANSWER 29 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1999:659581 HCAPLUS
DN 131:285405
TI Method to detect biologically active, allergen-specific immunoglobulins
IN De Weck, Alain J.; Wassom, Donald L.
PA Heska Corporation, USA
SO PCT Int. Appl., 43 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 9951988	A1	19991014	WO 1999-US7530	19990406 <--
W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
CA 2328079	AA	19991014	CA 1999-2328079	19990406 <--
AU 9933845	A1	19991025	AU 1999-33845	19990406 <--
EP 1068535	A1	20010117	EP 1999-915297	19990406 <--
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI				

PRAI US 1998-81089P P 19980408
US 1998-99776P P 19980910
WO 1999-US7530 W 19990406
AB The present invention includes a method to detect a biol. active, allergen-specific Ig using a Fc epsilon receptor (FcεR) mol. Such a method can detect biol. active, allergen-specific Igs not detectable by a process using anti-IgE antibodies. The present invention also relates to kits to perform such methods. The present invention also includes a heat stable, biol. active, allergen-specific Ig.
RE.CNT 8 THERE ARE 8 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L96 ANSWER 30 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1999:370011 HCAPLUS
DN 130:349404
TI Rapid **diagnostic** method for distinguishing allergies and infections
IN Small, Parker A., Jr.; Huang, Shih-wen
PA University of Florida, USA
SO U.S., 13 pp., Cont.-in-part of U.S. Ser. No. 576,604, abandoned.
CODEN: USXXAM
DT Patent
LA English

FAN.CNT 3

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 5910421	A	19990608	US 1996-621557	19960325 <--
	WO 2000055359	A1	20000921	WO 1999-US5751	19990316 <--
	W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	US 6551791	B1	20030422	US 2000-597360	20000619
	US 2002081575	A1	20020627	US 2001-15525	20011213
	US 2002086286	A1	20020704	US 2001-15509	20011213
	US 2002086287	A1	20020704	US 2001-15521	20011213
	US 2002137117	A1	20020926	US 2001-15520	20011213
PRAI	US 1995-576604	B2	19951221		
	US 1996-621557	A	19960325		
	WO 1999-US5751	A2	19990316		
	US 2000-597360	A3	20000619		
	US 2002-936954	A2	20020124		

AB This method for non-invasively, rapidly and simply distinguishing between allergies, viral infections and sinusitis involves testing nasal **secretions**, preferably with com. available (Ames Division, Miles Labs., Inc., Elkhart, Ind. 46515; or from Boehringer Mannheim Corporation, Advanced Diagnostics, 9115 Hague Road, P.O. Box 50457, Indianapolis, Ind. 46250-0457) or novel, modified reagent test strips. The com. available strips, also referred to as dipsticks, test for pH, protein, nitrite, glucose, ketone, white blood cell esterase, bilirubin and blood. In the method of this invention, a sample of a patient's nasal **secretions** is tested and, based on the pH, amount of protein, nitrite, esterase and a measure of eosinophil infiltration, it can quickly be determined if the patient is suffering from an allergy, from a viral infection or a bacterial infection. The method has the potential to supplant much more expensive and invasive clin. procedures.

RE.CNT 40 THERE ARE 40 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L96 ANSWER 31 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1999:430484 HCAPLUS
DN 131:97304
TI Comparison of the effects of terfenadine with fexofenadine on nasal provocation tests with allergen
AU Terrien, Maria-Helena; Rahm, Francois; Fellrath, Jean-Marc; Spertini, Francois
CS Division of Immunology and Allergy, Centre Hospitalier Universitaire Vaudois, Lausanne, 1011, Switz.
SO Journal of Allergy and Clinical Immunology (**1999**), 103(6), 1025-1030
CODEN: JACIBY; ISSN: 0091-6749
PB Mosby, Inc.
DT Journal
LA English
AB Fexofenadine, the hydrochloride salt of terfenadine active metabolite, is a nonsedative, noncardiotoxic antihistamine derivative for the treatment of

allergic rhinitis. We sought to compare the effects of terfenadine and fexofenadine on nasal provocation tests with allergen. A preliminary provocation test (screening phase) was performed in 25 patients with a history of seasonal allergic rhinitis to grass pollen to determine the combined nasal reaction threshold, which was defined as 2 of the 3 following criteria: (1) at least a 40% decrease in peak nasal inspiratory flow and/or a 30% decrease in minimal cross-sectional area as measured by acoustic rhinometry, nasal **secretions** of 0.5 g, and 5 to 10 sneezes per min. Patients were then included into a double-blind, randomized, 2-way crossover study to receive terfenadine or fexofenadine 120 mg 2 h before provocation. Rhinorrhea, sneezing, peak nasal flow, and minimal nasal cross-sectional area, as well as symptom scores for nasal congestion and itchiness, were recorded at each allergen concentration up to the reaction threshold. The whole study was performed out of allergy season. Fexofenadine was as potent as terfenadine in limiting pruritus and nasal congestion. Rhinorrhea and sneezing were better controlled by fexofenadine than by terfenadine. Overall, the allergen concentration necessary to reach the combined reaction threshold was increased after treatment with both drugs. Comparison between screening and each treatment phase indicated that the shift in allergen concentration to reach the reaction threshold was significantly greater after fexofenadine than after terfenadine (P =.033). After oral administration, fexofenadine provided better protection than terfenadine against the immediate allergic reaction.

RE.CNT 27 THERE ARE 27 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L96 ANSWER 32 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1998:424343 HCAPLUS
DN 129:94477
TI Feline Fc epsilon receptor alpha chain nucleic acids and proteins and diagnostic and therapeutic uses thereof
IN Frank, Glenn Robert; Porter, James P.; Rushlow, Keith E.; Wassom, Donald L.; Weber, Eric R.
PA Heska Corp., USA
SO PCT Int. Appl., 82 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9827208	A1	19980625	WO 1997-US23244	19971216 <--
	W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, GH, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
	US 5958880	A	19990928	US 1996-768964	19961219 <--
	AU 9853841	A1	19980715	AU 1998-53841	19971216 <--
	EP 950104	A1	19991020	EP 1997-950976	19971216 <--
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				

	JP 2002500507	T2	20020108	JP 1998-527923	19971216
	CA 2273855	C	20030527	CA 1997-2273855	19971216
	US 6103494	A	20000815	US 1998-5299	19980109 <--
	US 6284881	B1	20010904	US 2000-515431	20000229 <--
PRAI	US 1996-768964	A	19961219		
	WO 1997-US23244	W	19971216		
	US 1998-5299	A3	19980109		

AB The present invention relates to feline Fcε receptor α chain nucleic acid mols., proteins encoded by such nucleic acid mols., antibodies raised against such proteins, and inhibitors of such proteins. The present invention also includes methods to detect IgE using such proteins and antibodies. Also included in the present invention are therapeutic compns. comprising such proteins, nucleic acid mols., antibodies and/or inhibitory compds. as well as the use of such therapeutic compns. to mediate Fcε receptor-mediated biol. responses.

L96 ANSWER 33 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1998:388688 HCAPLUS
DN 129:66836
TI Method to detect IgE
IN Frank, Robert Glenn; Porter, James P.; Rushlow, Keith E.; Wassom, Donald L.
PA Heska Corporation, USA
SO PCT Int. Appl., 71 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9823964	A1	19980604	WO 1997-US21651	19971124 <--
	W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, GH, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
	US 5945294	A	19990831	US 1996-756387	19961126 <--
	AU 9874114	A1	19980622	AU 1998-74114	19971124 <--
	EP 943097	A1	19990922	EP 1997-949625	19971124 <--
	EP 943097	B1	20030730		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
	JP 2001507792	T2	20010612	JP 1998-526731	19971124 <--
	AT 246361	E	20030815	AT 1997-949625	19971124
	US 6309832	B1	20011030	US 1999-285873	19990331 <--
	US 2002034771	A1	20020321	US 2001-944277	20010830
PRAI	US 1996-756387	A	19961126		
	WO 1997-US21651	W	19971124		
	US 1999-285873	A3	19990331		

AB The present invention includes a method to detect IgE using a human Fc epsilon receptor (FcεR) to detect IgE antibodies in a biol. sample from a cat, a dog, or a horse. The present invention also relates to kits to perform such methods. The kits comprise an allergen common to all regions of the United States and a human Fcε receptor mol.

RE.CNT 5 THERE ARE 5 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L96 ANSWER 34 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1998:251316 HCAPLUS
DN 128:307510
TI Organism-specific and allergen-specific antibody capture assay and compositions for detection of disease-causing organisms and allergens
IN Calenoff, Emanuel
PA Enteron, L.P., USA; Calenoff, Emanuel
SO PCT Int. Appl., 78 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9816829	A1	19980423	WO 1997-US18588	19971014 <--
	W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, HU, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
	AU 9748214	A1	19980511	AU 1997-48214	19971014 <--
PRAI	US 1996-732113		19961015		
	WO 1997-US18588		19971014		

AB A new capture assay method employs novel compns. of reformulated antigens including epitopes specific for an organism that is a target of the assay, and epitopes specific for an allergen, wherein each antigen is present in equivalent amts., and to which non-specific epitopes are added to remove non-specific binding as a confounding factor in the assay. The assay is suitable for detection of Igs directed to specific organisms, such as micro-organisms and parasites, and for allergens. For example, specific IgG in combination with IgE levels are used to detect Helicobacter pylori and Chlamydia pneumoniae and to monitor response to therapy.
RE.CNT 5 THERE ARE 5 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L96 ANSWER 35 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1998:197685 HCAPLUS
DN 128:281707
TI Method to detect Dirofilaria immitis infection
IN Grieve, Robert B.; Frank, Glenn R.; Mondesire, Roy R.; Porter, James P.; Wisnewski, Nancy
PA Heska Corporation, USA
SO PCT Int. Appl., 61 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9812563	A1	19980326	WO 1997-US16535	19970918 <--
	W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, GH, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ,				

LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL,
PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ,
VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR,
GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA,
GN, ML, MR, NE, SN, TD, TG

US 6391569	B1	20020521	US 1996-715628	19960918	
AU 9743537	A1	19980414	AU 1997-43537	19970918	<--
EP 934529	A1	19990811	EP 1997-941677	19970918	<--
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO					
JP 2001502896	T2	20010306	JP 1998-514859	19970918	<--
US 2003170749	A1	20030911	US 2002-150519	20020517	
PRAI US 1996-715628	A	19960918			
WO 1997-US16535	W	19970918			

AB The present invention includes a method to detect D. immitis infection in a host animal using a D. immitis Di33 protein to detect anti-D. immitis Di33 antibodies in a bodily fluid of the animal. Also included is a method to detect D. immitis infection in a host animal using a D. immitis anti-Di33 protein to detect Di33 proteins in a bodily fluid of the animal. The present invention also relates to D. immitis detection kits that include either a Di33 protein or an anti-Di33 antibody; such kits also include a composition to detect an immunocomplex between the anti-Di33 antibody and D. immitis Di33 protein. The present invention also includes Di33 proteins, nucleic acid mols. encoding such proteins, as well as recombinant mols. and recombinant cells comprising such nucleic acid mols., and anti-Di33 antibodies. Also included are methods to produce such proteins, nucleic acid mols. and antibodies.

RE.CNT 5 THERE ARE 5 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L96 ANSWER 36 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1997:341908 HCAPLUS
DN 126:314515
TI Diagnostic kit for bovine respiratory syncytial virus
IN Elazhary, Youssef; Cornaglia, Estela; Charara, Souhel
PA Universite De Montreal, Can.
SO PCT Int. Appl., 72 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE	
PI WO 9713150	A1	19970410	WO 1996-CA662	19961002	<--
W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, HU, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, TJ, TM, TR, TT, UA, UG, UZ, VN, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM					
RW: KE, LS, MW, SD, SZ, UG, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI					
AU 9670817	A1	19970428	AU 1996-70817	19961002	<--
PRAI US 1995-538804		19951003			
WO 1996-CA662		19961002			

AB The present invention relates to an ELISA test for qual. determining the presence of living or inactivated BRSV antigen in a bovine biol. sample, especially nasal secretion, wherein the sample has an unknown amount of BRSV

antigen, which comprises the following: (1) incubating a solid support having bound thereto a first anti-BRSV antibody with the biol. sample for a time sufficient for an immune complex to form between the anti-BRSV antibody and any BRSV antigen present in the sample; (2) incubating the incubated solid support of step 1 with a second anti-BRSV antibody; and (3) detecting the bound second antibody of step 2 to determine the quantity of the BRSV antigen present in the sample.

L96 ANSWER 37 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1996:365708 HCAPLUS
DN 125:26269
TI **Secretory** leukocyte protease inhibitor as an inhibitor of tryptase and its use in the treatment of allergy
IN Muller, Daniel K.; Brownell, Elise; Delaria, Katherine A.
PA Bayer A.-G., USA
SO PCT Int. Appl., 65 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9608275	A1	19960321	WO 1995-US11445	19950911 <--
	W: CA, JP, MX				
	RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE				
	US 5633227	A	19970527	US 1994-304051	19940912 <--
	CA 2199746	AA	19960321	CA 1995-2199746	19950911 <--
	EP 787016	A1	19970806	EP 1995-933760	19950911 <--
	EP 787016	B1	20030312		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE				
	JP 10505833	T2	19980609	JP 1995-510259	19950911 <--
	AT 234117	E	20030315	AT 1995-933760	19950911
PRAI	US 1994-304051	A	19940912		
	WO 1995-US11445	W	19950911		

AB **Secretory** leukocyte protease inhibitor (SLPI) and active fragments thereof have been found to inhibit the proteolytic activity of tryptase. Improved assays for tryptase for use in the assay of inhibition are described. A method for treating a mast-cell mediated condition in a mammal comprises administering to the mammal an effective amount of a pharmacol. active fragment or mutein of **secretory** leukocyte protease inhibitor (SLPI.). Treatment of asthma or allergic rhinitis in a mammal comprises administering to the mammal an effective amount of SLPI or a pharmacol. active fragment or mutein thereof. Treatment of a mast-cell mediated condition in a mammal by gene therapy comprises introducing DNA coding for SLPI or a pharmacol. active fragment thereof into the mammal by means of a vector capable of delivering DNA to the cell nucleus, resulting in **secretion** of SLPI or an active fragment thereof. Certain fragments and muteins of SLPI, as well as methods for inhibiting tryptase and for identifying inhibitors of tryptase are also disclosed and claimed. Purification of an endogenous inhibitor of tryptase and its identification as SLPI and characterization of the active domains is described. SLPI was able to reduce acute bronchoconstriction in a cynomolgous monkey allergic asthma.

L96 ANSWER 38 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1995:647629 HCAPLUS
DN 123:75807
TI The detection of bovine herpesvirus 1 in routine diagnostic submissions

using PCR
AU Moore, Sinead; Gunn, Michael; Walls, Demot
CS Sch. Biological Sci., Dublin City Univ., Dublin, Ire.
SO Biochemical Society Transactions (**1995**), 23(2), 355S
CODEN: BCSTB5; ISSN: 0300-5127
PB Portland Press
DT Journal
LA English
AB Bovine herpesvirus 1 (BHV1) is a pathogen of cattle associated primarily with respiratory disease. A diagnostic test for BHV1 infection based on PCR was developed. Oligonucleotide primers were chosen from regions of the BHV1 thymidine kinase gene. PCR was performed on homogenates of samples received from cattle with respiratory disease. Samples were received as nasal swabs, nasal secretions, and post mortem tissue. Presently the method is being applied to detect BHV1 in bovine semen and to identify latently infected carriers.

L96 ANSWER 39 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1995:337656 HCAPLUS
DN 122:157927
TI IgA, IgG and IgM quantification in bronchoalveolar lavage fluids from allergic rhinitics, allergic asthmatics, and normal subjects by monoclonal antibody-based immunoenzymetric **assays**
AU Peebles, R. Stokes Jr.; Liu, Mark C.; Lichtenstein, Lawrence M.; Hamilton, Robert G.
CS Divisions of Clinical Immunology and Pulmonary Medicine, Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA
SO Journal of Immunological Methods (**1995**), 179(1), 77-86
CODEN: JIMMBG; ISSN: 0022-1759
PB Elsevier
DT Journal
LA English
AB Recent reports have suggested that human **secretory** IgA (sIgA) may have a role in the mediation of atopic disease. We have studied the levels of sIgA, IgA, IgG and IgM in bronchoalveolar lavage (BAL) fluids collected from lungs of healthy non-allergic adults, allergic subjects with rhinitis, and allergic asthmatics, using a panel of monoclonal antibody-based immunoenzymetric assays (IEMAs). In contrast to com. available immunodiffusion and nephelometric assays, these IEMAs employ highly specific monoclonal antibodies and demonstrate required precision (intra-assay CVs <17%), parallelism (inter-dilutional CVs <20%) at minimal detectable Ig levels in the ng/mL range, and excellent specificity with <0.1% crossreactivity for heterologous Ig isotypes. Using these assays, we have observed a significant correlation between sIgA levels and total IgA levels in BAL fluids from all the study patients. The percentage of sIgA to total IgA was 84.0%. sIgA in BAL fluids from allergic rhinitics (18.0 μg/mL) and allergic asthmatics (15.5 μg/mL) were higher than those from nonallergic subjects (10.2 μg/mL). The only statistically significant difference in sIgA levels was observed in BAL fluids from the rhinitics and nonallergic groups. Similar differences among the groups were found for levels of total IgA in BAL fluid. There were no significant differences in the levels of IgM and IgG in BAL fluids among the three groups of subjects. We conclude from these results that IgA is the predominant Ig on the airway surface and that it appears to be produced locally.

L96 ANSWER 40 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1994:506495 HCAPLUS

DN 121:106495
TI Basophil-binding monoclonal antibody, method for separation of basophils, method for chemical mediator release from basophils, and method for testing release of basophil-derived chemical mediators
IN Nishimura, Shinji; Nishi, Hiroshi; Nishimura, Masaji
PA Shionogi and Co., Ltd., Japan
SO Eur. Pat. Appl., 18 pp.
CODEN: EPXXDW
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE	
PI	EP 596479	A2	19940511	EP 1993-117830	19931103	<--
	EP 596479	A3	19950419			
	EP 596479	B1	19990224			
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE					
	TW 378213	B	20000101	TW 1993-82108242	19931006	<--
	JP 06205695	A2	19940726	JP 1993-297379	19931102	<--
	US 5500348	A	19960319	US 1993-144447	19931102	<--
	AT 176930	E	19990315	AT 1993-117830	19931103	<--
	ES 2129482	T3	19990616	ES 1993-117830	19931103	<--
PRAI	JP 1992-321164	A	19921104			

AB The monoclonal antibodies of the present invention makes it possible to sep. basophils suitable for the IgE-mediated specific chemical mediator release test, because it retains its reactivity with basophils even after being immobilized onto a solid carrier, and because it does not inhibit release of chemical mediators induced by allergens or anti-IgE antibody, and does not induce nonspecific release of chemical mediators. Also, the method for separating basophils of the present invention simplifies the separation of basophils from blood, and by using this method, the histamine release test which otherwise requires complex procedures can be simplified. Further, the group of cells obtained by the method for separating basophils of the present invention can easily be utilized in the release tests for chemical mediators released from basophils such as leukotriene and platelet activating factor, which otherwise require expertise for handling.

L96 ANSWER 41 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1993:18858 HCAPLUS
DN 118:18858
TI Method of diagnosing or categorizing disorders from biochemical profiles
IN Matson, Wayne R.
PA ESA, Inc., USA
SO PCT Int. Appl., 42 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 6

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE	
PI	WO 9213273	A1	19920806	WO 1992-US375	19920116	<--
	W: CA, JP, RU					
	RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LU, MC, NL, SE					
	EP 567564	A1	19931103	EP 1992-904426	19920116	<--
	EP 567564	B1	19961016			
	R: DE, FR, GB, IT					
	JP 06504623	T2	19940526	JP 1992-504585	19920116	<--
	JP 3221610	B2	20011022			

	US 6210970	B1	20010403	US 1993-92543	19930716 <--
	US 6194217	B1	20010227	US 1993-105482	19930812 <--
PRAI	US 1991-643541	A	19910118		
	US 1991-649676	A	19910201		
	US 1980-111917	A1	19800114		
	US 1982-425183	B2	19820928		
	US 1983-472387	B2	19830304		
	US 1984-579401	A2	19840217		
	US 1984-670483	B1	19841113		
	US 1985-797615	A3	19851113		
	US 1988-274505	A2	19881121		
	WO 1992-US375	W	19920116		

AB A method for diagnosing disorders in living organisms is disclosed, in which fluid samples from normal and afflicted (abnormal) individuals are analyzed to generate patterns representative of mol. constituents of said samples. A data base of frequency distribution patterns of constituents of samples from organisms having known categories of disorders and controls is created, and the unknown sample anal. is compared for conformity to the frequency distribution patterns. The invention has particular applicability to diagnosing diseases, e.g. Alzheimer's disease, Parkinson's disease, Huntington's disease, schizophrenia, progressive supranuclear palsy, amyotrophic lateral sclerosis, and senile dementia. The invention also may be advantageously employed to diagnose diseases such as tumors, carcinomas, cardiovascular abnormalities, and other disorders, or for selection of the therapy based on categories of known vs. unsuccessful outcomes. Moreover, both treatment protocols and new pharmaceuticals may be evaluated. Cerebrospinal fluid samples from patients with Alzheimer's disease, Parkinson's disease, schizophrenia, Huntington's disease, and supranuclear palsy and from neurol. normal controls were analyzed by chromatog. and a 16-sensor electrochem. cell for 38 known components (e.g. adenine, cysteine, tyramine, uric acid, etc.) and for 18 well-defined unknown peaks. Linear and stepwise regression anal. were used in preliminary evaluation of the data and then cluster anal. procedures were performed. The biochem. response of controls or normal individuals was more chaotic then that of disordered individuals. Frequency distribution graphs of Alzheimer's disease and controls were prepared as well as a plot showing scoring of Alzheimer's vs. control.

L96 ANSWER 42 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1974:117818 HCAPLUS
DN 80:117818
TI Analysis of crystal forms in fern or crystallization tests
AU Kellner, G.; Michalica, W.; Klenkhart, E.
CS I. Univ.-Frauenklin. Wien, Vienna, Austria
SO Medizinische Laboratorium (**1973**), 26(10), 244-8
CODEN: MDLBA9; ISSN: 0025-8466
DT Journal
LA German
AB The composition of crystals formed in dried vaginal, prostatic, and spinal fluid, and nasal mucus was studied. Each was largely H2O, with small amts. of Na, K, Ca, and Cl. The protein and sugar contents varied depending upon the source of the crystal.

L96 ANSWER 43 OF 69 HCAPLUS COPYRIGHT 2003 ACS on STN
AN 1933:59974 HCAPLUS
DN 27:59974
OREF 27:5412g
TI Lactic acid of the spinal fluid in meningitis. Practical

diagnostic and prognostic value
AU DeSanctis, Adolph G.; Killian, John A.; Garcia, Teresa
SO American Journal of Diseases of Children (**1933**), 46, 239-49
CODEN: AJDCAI; ISSN: 0002-922X
DT Journal
LA Unavailable
AB The concentration of lactic acid in the spinal fluid is markedly increased in meningitis. The concentration varies directly with the leucocyte count and becomes decreased upon application of serum therapy. The concentration is higher than that of the blood and appears to be independent of it. The increased concentration probably results from the metabolism of leucocytes.

L96 ANSWER 44 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2002302598 EMBASE
TI Natural **reinfection** with **respiratory** syncytial virus does not boost virus-specific T-cell immunity.
AU Bont L.; Versteegh J.; Swelsen W.T.N.; Heijnen C.J.; Kavelaars A.; Brus F.; Draaisma J.M.Th.; Pekelharing-Berghuis M.; Van Diemen-Steenvoorde R.A.A.M.; Kimpen J.L.L.
CS J.L.L. Kimpen, Dept. of Pediatric Infect. Diseases, Wilhelmina Children's Hospital, University Medical Center, POB 85090, 3508 AB Utrecht, Netherlands. j.kimpen@wkz.azu.nl
SO Pediatric Research, (2002) 52/3 (363-367).
Refs: 36
ISSN: 0031-3998 CODEN: PEREBL
CY United States
DT Journal; Article
FS 004 Microbiology
007 Pediatrics and Pediatric Surgery
026 Immunology, Serology and Transplantation
LA English
SL English
AB To determine the role of respiratory syncytial virus (RSV)-specific cell-mediated immunity during natural reinfection, we investigated whether RSV-specific T-cell responses protect against reinfection and, subsequently, whether reinfection boosts virus-specific memory. In a cohort of 55 infants who were hospitalized for RSV bronchiolitis, RSV-specific lymphoproliferative responses in the peripheral blood were measured at three time-points: on admission, 4 wk after admission, and 1 y later, after the second winter season. Memory was defined as a stimulation index (SI) >2. During the second winter season, **nasal secretions** were **collected** in every case of a runny nose. Reinfection was **diagnosed** if immunofluorescence or PCR was positive for RSV. Virus-specific memory was found in one child on admission for primary RSV infection, whereas 4 wk later 44 infants (80%) had memory. Reinfection with RSV was found in 23 infants (43%) during the second winter season. After the second season, memory was found in 20 infants (38%). No differences in SI after the second winter season were found between infants with and without reinfection (2.3 versus 2.1). However, a highly significant correlation was found between SI measured 4 wk after primary RSV infection and SI after the second winter season ($r = 0.40$, $p = 0.001$). In conclusion, RSV-specific T-cell responses did not provide protection against reinfection. Moreover, reinfection did not boost RSV-specific T-cell proliferation. To explain both findings, it is hypothesized that RSV-specific T cells fail to expand in vivo upon reinfection.

L96 ANSWER 45 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2001151378 EMBASE
TI Nasal provocation testing: A review.
AU Litvyakova L.I.; Baraniuk J.N.
CS Dr. J.N. Baraniuk, Division of Rheumatology, Georgetown University, Lower Level Gorman Bldg., 3800 Reservoir Road, Washington, DC 20007-2197, United States. baraniuj@gunet.georgetown.edu
SO Annals of Allergy, Asthma and Immunology, (2001) 86/4 (355-364).
Refs: 99
ISSN: 1081-1206 CODEN: ALAIF6
CY United States
DT Journal; General Review
FS 011 Otorhinolaryngology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
LA English
SL English
AB Objective: This review focuses on the uses of nasal provocation testing (NPT) for scientific investigations of the mechanisms of allergic and nonallergic **rhinitis**. It also describes the use of NPT as a **diagnostic** tool in clinical practice. The indications, contraindications, advantages, and limitations of different techniques for evaluation of nasal responses are reviewed. The paper familiarizes investigators with particulars of different nasal delivery systems, provocation agents, **nasal** patency measurements, **secretion collection**, and **nasal** lavage techniques. Data Sources: Relevant publications obtained from a literature review. Study Selection: Relevant publications on the topics of NPT, allergic, and nonallergic **rhinitis** were critically evaluated. Results and Conclusions: To date, NPT has been used primarily as a research tool for the investigation of allergic and nonallergic **rhinitis** with a wide variety of techniques depending on the specific scientific purposes. NPT will continue to provide useful information about the pathogenesis of airway diseases. Standardized nasal provocation testing has the potential to become a more frequently used clinical test in the **diagnosis** of allergic and occupational **rhinitis** and for determination of the appropriate and focused therapy.

L96 ANSWER 46 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2000125759 EMBASE
TI Eosinophil count in **nasal secretions** of subjects with or without **nasal** symptoms.
AU Jankowski R.; Persoons M.; Foliguet B.; Coffinet L.; Thomas C.; Verient-Montaut B.
CS R. Jankowski, Department of Otorhinolaryngology, Head and Neck Surgery, Central Hosp.-Henri Poincare Univ., 29 Avenue De Lattre de Tassigny, F-54035 Nancy Cedex, France
SO Rhinology, (2000) 38/1 (23-32).
Refs: 16
ISSN: 0300-0729 CODEN: RNGYA8
CY Netherlands
DT Journal; Article
FS 011 Otorhinolaryngology
005 General Pathology and Pathological Anatomy

025 Hematology
LA English
SL English
AB The aim of this paper, based on a cross-sectional study of 129 patients with nonallergic chronic nasal symptoms and 40 healthy controls, was to examine the leucocyte differential count in **nasal secretions** as a **diagnostic** test. **Nasal secretions** were **collected** using preweighed suction glass canulas under controlled conditions (-100Pa, 30 sec). Leucocyte and differential counts were performed using a Thoma hemocytometer and on cytospin slides after May-Grunwald-Giemsa staining. The percentage of eosinophils (Eo) was significantly higher in patients (mean±SEM: 15.1±2.3%) than in controls (5±2.6%) ($p<0.04$). Comparison of the frequency distribution of the percentage of Eo in patients and controls clearly showed a subgroup of patients presenting with **nasal secretion** hypereosinophilia, and allowed us to set the positivity criterion at Eo=20%. Diurnal variations in Eo count in 11 controls and 8 patients confirmed the value of the cutoff point. In 28 patients with nasal polyposis who underwent surgery, a correlation was found between secretion and tissue eosinophelia ($r=0.58$, $p=0.001$). Patients with **nasal secretion** hypereosinophilia had no more leucocytes in their secretions than healthy controls, the increase in eosinophils being balanced by a decrease in neutrophils. In patients without hypereosinophilia, the number of leucocytes per milligram of secretion was four times higher (8672±2521) than in the controls (2020±823) ($p=0.06$) (cut-off point = 2500 leu/mg). These data show that the nasal cytogram can be modified either in qualitative or quantitative way, probably depending on the underlying inflammatory process.

L96 ANSWER 47 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 1999320520 EMBASE
TI The **diagnosis** and incidence of allergic fungal **sinusitis**.
AU Ponikau J.U.; Sherris D.A.; Kern E.B.; Homburger H.A.; Frigas E.; Gaffey T.A.; Roberts G.D.
CS Dr. J.U. Ponikau, Department of Otorhinolaryngology, Mayo Clinic Rochester, 200 First St SW, Rochester, MN 55905, United States
SO Mayo Clinic Proceedings, (1999) 74/9 (877-884).
Refs: 24
ISSN: 0025-6196 CODEN: MACPAJ
CY United States
DT Journal; Article
FS 006 Internal Medicine
011 Otorhinolaryngology
LA English
SL English
AB Objective: To reevaluate the current criteria for **diagnosing** allergic fungal **sinusitis** (AFS) and determine the incidence of AFS in patients with chronic **rhinosinusitis** (CRS). Methods: This prospective study evaluated the incidence of AFS in 210 consecutive patients with CRS with or without polyposis, of whom 101 were treated surgically. **Collecting** and culturing fungi from **nasal mucus** require special handling, and novel methods are described. Surgical specimen handling emphasizes histologic examination to visualize fungi and eosinophils in the mucin. The value of allergy testing in the **diagnosis** of AFS is examined. Results: Fungal cultures of **nasal secretions** were positive in 202 (96%) of 210

consecutive CRS patients. Allergic mucin was found in 97 (96%) of 101 consecutive surgical cases of CRS. Allergic fungal **sinusitis** was **diagnosed** in 94 (93%) of 101 consecutive surgical cases with CRS, based on histopathologic findings and culture results. Immunoglobulin E-mediated hypersensitivity to fungal allergens was not evident in the majority of AFS patients. Conclusion: The data presented indicate that the **diagnostic** criteria for AFS are present in the majority of patients with CRS with or without polyposis. Since the presence of eosinophils in the allergic mucin, and not a type I hypersensitivity, is likely the common denominator in the pathophysiology of AFS, we propose a change in terminology from AFS to eosinophilic fungal **rhinosinusitis**.

L96 ANSWER 48 OF 69 EMBASE
on STN
AN 1999385973 EMBASE
TI Upper airway inflammation in children exposed to ambient ozone and potential signs of adaptation.
AU Kopp M.V.; Ulmer C.; Ihorst G.; Seydewitz H.H.; Frischer T.; Forster J.; Kuehr J.
CS M.V. Kopp, Mathildenstrasse 1, D-79106 Freiburg, Germany
SO European Respiratory Journal, (1999) 14/4 (854-861).
Refs: 37
ISSN: 0903-1936 CODEN: ERJOEI
CY Denmark
DT Journal; Article
FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis
LA English
SL English
AB In order to investigate nasal inflammation and subsequent adaptation after ambient ozone exposure, **nasal** lavage (NL) **fluid** was **collected** from 170 schoolchildren on 11 occasions (time points) between March and October. Eosinophil cationic protein (ECP), albumin and leukocytes were quantified as markers of nasal inflammation. The highest half-hour outdoor O3 concentration for each individual on the day prior to the NL was used as a measure of exposure (O3indiv). To avoid confounding with exposure to common environmental allergens, the study population was restricted to children without sensitization to inhalant allergens. In the initial period of increased O3 levels in May (time point 4), with a median O3indiv of 135 μg·m-3 (5th -95th percentile 100-184 μg·m-3), the highest medians of all 11 leukocyte and ECP measurements were observed. The highest O3indiv were observed in June at time point 7 (O3indiv 173 μg·m-3, 5th-95th percentile 120-203 μg·m-3). Cross-sectional analysis of all 11 time points revealed no significant association of O3indiv on the one hand and ECP, albumin and leukocyte levels on the other. A multivariable model estimated using generalized estimating equations showed a statistically significant association of O3indiv and leukocytes and ECP as the dependent variable, when time points 1-4 were analysed ($p<0.05$). In the same model, this association diminished continuously when time points 5-11 were added stepwise, in spite of high O3 exposure. Not even a tendency towards an O3 effect could be recognized when time points 1-8 were considered. The results indicate: 1) acute inflammation of the nasal mucosa after the first increase in ambient ozone levels, with 2) a significant dose-dependent increase in leukocyte and eosinophil cationic protein levels, and 3) possible adaptation of the nasal mucosa in spite of constant high levels of ozone exposure in children during the summer season.

L96 ANSWER 49 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 1999395402 EMBASE
TI [Efficacy monitoring of immunotherapy in allergic **rhinitis**]. MOGLICHKEITEN ZUR BEURTEILUNG DES THERAPIEERFOLGES BEI EINER IMMUNTHERAPIE BEI **RHINITIS** ALLERGICA.
AU Klimek L.; Reske-Kunz A.B.; Malling H.J.
CS Dr. L. Klimek, HNO-Universitatsklinik, Langenbeckstrasse 1, D-55101 Mainz, Germany. klimek@hno.klinik.uni-mainz.de
SO Wiener Medizinische Wochenschrift, (1999) 149/14-15 (394-402).
Refs: 138
ISSN: 0043-5341 CODEN: WMWOA4
CY Austria
DT Journal; General Review
FS 011 Otorhinolaryngology
026 Immunology, Serology and Transplantation
LA German
SL English; German
AB Efficacy monitoring of immunotherapy (IT) is performed to adjust the therapy according to the patient's reactions, to collect data for scientific studies and to evaluate the efficacy of IT. A decrease of allergy symptoms and of drug use are the main parameters. For this, allergy diaries are most suitable. Pollen exposition should be monitored with Burkhard traps. Wheal and flare reactions in skin tests can be measured by visual inspection with quantification of the diameter on transparent foils or by means of laser scanners. Nasal provocation testing leads to subjective and objective (rhinomanometry, acoustic rhinometry) results. A change in the threshold concentration of allergen, which is needed to provoke a positive test reaction, can be used to evaluate the success of an IT. Additionally, systemic or local side-effects should be carefully revealed. Cytologic measures can be achieved by nasal lavages. Cotton samplers, cytology brushes and suction techniques are used to **collect** cells and **nasal secretions**. Early and late allergic reactions can be evaluated. Specific cell activation markers like ECP or tryptase are useful parameters in **nasal secretions**. T- lymphocyte subpopulations and T-cell-lymphokine-profiles can be detected. During IT, a change from a dominating TH2-cytokine-profile to a dominating TH1-cytokine-profile can be seen. For the reason of their expense, those methods are restricted to scientific investigations and only rarely used for routine **diagnostics**.

L96 ANSWER 50 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 1999111982 EMBASE
TI Norm values for eosinophil cationic protein in **nasal secretions**: Influence of specimen **collection**.
AU Klimek L.; Rasp G.
CS L. Klimek, Department Otorhinolaryngology, Langenbeckstr. 1, D-55101 Mainz, Germany
SO Clinical and Experimental Allergy, (1999) 29/3 (367-374).
Refs: 55
ISSN: 0954-7894 CODEN: CLEAEN
CY United Kingdom
DT Journal; Article
FS 011 Otorhinolaryngology
LA English
SL English

AB Background: Eosinophil granulocytes play an important role in allergic inflammation of the nasal mucosa. Eosinophil cationic protein (ECP) is a specific eosinophil granule protein released upon activation of these cells. ECP concentration in **nasal secretions** has been demonstrated to be a good marker for the activity of eosinophilic nasal mucosal inflammation. The clinical use of such a marker requires defined values which are regarded as pathological or within normal range. In analyses of **nasal secretion** samples, the sampling method has an important influence on the data obtained. Objective: We investigated ECP levels in **nasal secretions** (NS) of healthy volunteers obtained by seven different methods of sample collection to define norm values and to evaluate the clinical use of the different methods. Methods: A total of 839 healthy individuals were evaluated using blowing the nose (BI: n = 82), suction (Suc: n = 69), Okuda microsuction technique (MSuc: n = 93), absorbent cotton wool samplers (CWS: n = 156), rubber-foam samplers (RFS: n = 193), nasal lavage (Lav: n = 112) and nasal spray washing (NSW: n = 134). Results: Missing values occurred in more than 60% in Bl, Suc and MSuc, so that no norm range was defined for these methods. Norm range for ECP in NS was 5-46 ng/mL for CWS, 7-41 ng/mL for RFS, 4-51 ng/mL for NSW, and 3-31 ng/mL for Lav. Conclusions: When comparing seven different methods used in this study to **collect nasal secretions** and determine ECP levels, the method based upon absorption or nasal washing was the best.

L96 ANSWER 51 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 1999059512 EMBASE
TI Quantification of cytokines and inflammatory mediators in samples of nasopharyngeal secretions with unknown dilution.
AU Heikkinen T.; Shenoy M.; Goldblum R.M.; Chonmaitree T.
CS Dr. T. Chonmaitree, Department of Pediatrics, Division of Infectious Disease, University of Texas Medical Branch, Galveston, TX 77555-0371, United States
SO Pediatric Research, (1999) 45/2 (230-234).
Refs: 27
ISSN: 0031-3998 CODEN: PEREBL
CY United States
DT Journal; Article
FS 007 Pediatrics and Pediatric Surgery
LA English
SL English
AB In the study of inflammatory mechanisms in the upper respiratory tract, the unknown dilution of **collected** samples of **nasal secretions** poses a serious problem for interpretation of the measured concentrations of various substances in the specimens. We investigated the magnitude of the dilution problem in a true clinical research situation and determined the validity of using the levels of total protein, albumin, and **secretory** IgA in **nasal secretions** to correct for the unknown dilution. The study samples consisted of simultaneously obtained nasopharyngeal aspirates and nasal lavage specimens from 52 children with upper **respiratory** tract **infection**. The dilution factors of the nasal lavage specimens varied widely between 1.8 and 432 (median, 11.2). Of the three proteins studied, total protein had the narrowest intersubject variation in the **nasal secretions** of the children and thus seemed to provide the best standardization method for comparing levels of substances between individuals. Concentrations of IL-6 standardized with total

protein correlated significantly better with the true IL-6 concentrations in the **nasal secretions** than did IL-6 levels measured in the nasal lavage specimens without standardization (p = 0.049). These findings suggest that the most common current practice of measuring substances in nasopharyngeal specimens, i.e. measuring without correction for the dilution, may produce 'false-negative' results. Potentially important information on inflammatory mechanisms may be undetected if false-negative results mask real differences between groups. The use of exogenous markers of dilution might improve the accuracy of quantifying substances in **nasal secretions**.

L96 ANSWER 52 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 1998335961 EMBASE
TI [Evaluation of nasal function in children].
EVALUATION DE LA FONCTION NASALE CHEZ L'ENFANT.
AU Jean R.; Rufin P.; Jaubert F.; Jean C.
CS Dr. R. Jean, Lab. d'Explor. Fonctionnelle Resp., Service de Pneumologie, Allergologie Infantiles, 149, rue de Sevres, 75743 Paris Cedex 15, France
SO Revue Francaise d'Allergologie et d'Immunologie Clinique, (1998) 38/7 (641-646).
Refs: 15
ISSN: 0335-7457 CODEN: RFAIBB
CY France
DT Journal; Article
FS 011 Otorhinolaryngology
LA French
SL English; French
AB Nasal functional investigation is not yet widely used in France in asthmatic children and children suffering from persistent non-infectious **rhinitis** refractory to treatment. The use of clinical scores, measurement of nasal obstruction by rhinomanometry, and tests for eosinophilia in correctly **collected nasal secretions**, allow a better approach to the **diagnosis** and treatment of these forms of **rhinitis**, the frequency and socio-economic repercussions of which are regulate increasing in industrialized countries.

L96 ANSWER 53 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 1999024146 EMBASE
TI Increased interleukin-6 levels in nasal lavage samples following experimental influenza a virus infection.
AU Gentile D.; Doyle W.; Whiteside T.; Fireman P.; Hayden F.G.; Skoner D.
CS D. Gentile, Children's Hospital of Pittsburgh, 3705 Fifth Ave., Pittsburgh, PA 15213, United States. gentild@chplink.chp.edu
SO Clinical and Diagnostic Laboratory Immunology, (1998) 5/5 (604-608).
Refs: 16
ISSN: 1071-412X CODEN: CDIMEN
CY United States
DT Journal; Article
FS 004 Microbiology
026 Immunology, Serology and Transplantation
LA English
SL English
AB Interleukin-6 (IL-6) is a pleotropic cytokine implicated in the pathogenesis of local inflammation during viral upper **respiratory infections**. This study determined if experimental influenza A

virus infection causes local IL-6 production. Seventeen healthy, adult subjects were intranasally inoculated, by course drops, with a safety-tested strain of influenza A/Kawasaki/86 (HIN1) virus. Nasal lavage samples were **collected**, symptoms were recorded, and expelled **nasal secretions** were weighed once before and then daily for 8 days after the virus inoculation. Lavage samples were submitted for virus culture and were examined for IL-6 and IL-4 by enzyme- linked immunosorbent assay. The IL-6, but not IL-4, levels were significantly increased in the nasal lavage samples of the 12 subjects who shed virus but not in those of the 5 subjects who did not shed virus. Moreover, the elevations in IL-6 levels were related temporally to the development of **nasal** symptoms and **secretions** but not to systemic symptoms. These results suggest a role for locally produced IL-6 in the pathogenesis and expressed symptomatology of influenza A virus infection.

L96 ANSWER 54 OF 69 EMBASE
on STN
AN 1998122272 EMBASE
TI Efficacy and onset of action of fluticasone propionate aqueous nasal spray on nasal symptoms, eosinophil count, and mediator release after nasal allergen challenge in patients with seasonal allergic **rhinitis**.
AU Wang D.; Duyck F.; Smitz J.; Clement P.
CS Dr. D. Wang, Department of Otolaryngology, National University of Singapore, 5 Lower Kent Ridge Road, 119074 Singapore, Singapore
SO Allergy: European Journal of Allergy and Clinical Immunology, (1998) 53/4 (375-382).
Refs: 22
ISSN: 0105-4538 CODEN: LLRGDY
CY Denmark
DT Journal; Article
FS 011 Otorhinolaryngology
015 Chest Diseases, Thoracic Surgery and Tuberculosis
026 Immunology, Serology and Transplantation
037 Drug Literature Index
LA English
SL English
AB We studied the effect and onset of action of fluticasone propionate aqueous nasal spray (FPANS) on mediator release and eosinophil accumulation in **nasal secretions** and on **nasal** symptoms of patients with seasonal allergic **rhinitis** after nasal allergen challenge (NAC). At the end of the pollen season, 28 patients were randomized in a double-blind and crossover design to receive 7 days' treatment with FPANS (200 μg, once daily) and matching placebo. NACs were performed before and at 6 h and 1, 2, 3, and 7 days during treatment with FPANS or placebo. **Nasal secretions** were **collected** for a quantitative determination of mediators and eosinophil count before and 5 min after each challenge. Nasal symptoms were assessed by scales grading the severity of symptoms at the same time. Results showed that for mediator concentrations there was a significant decrease of leukotriene C4 ($P<0.001$) at 7 days after the first administration of FPANS as compared to placebo. Two days after FPANS, both eosinophil counts and eosinophil cationic protein (ECP) concentrations were lower than those of placebo (eosinophils: $P=0.032$; ECP: $P=0.038$). The onset became even more important at day 7 (eosinophils: $P=0.001$; ECP: $P=0.009$) during the FPANS treatment period. For the subjective nasal symptoms, a significant reduction of symptom scores for nasal obstruction occurred also at day 3 ($P=0.017$) and for sneezing at day 7 ($P=0.003$). There was not yet any significant improvement of the objective nasal

airway resistance after the different NACs during the study period. In conclusion, this study demonstrated that topical fluticasone propionate is effective in the treatment of mucosal inflammation induced by NAC. For optimal control of nasal symptoms induced by repeated maximal allergen challenges, a treatment period of more than 1 week is required.

L96 ANSWER 55 OF 69 EMBASE
on STN
AN 1998038010 EMBASE
TI Histamine and tryptase in **nasal** lavage **fluid** following challenge with methacholine and allergen.
AU Jacobi H.H.; Skov P.S.; Kampen G.T.; Poulsen L.K.; Reimert C.M.; Bindslev-Jensen C.; Praetorius C.; Malling H.-J.; Mygind N.
CS Dr. H.H. Jacobi, Allergiklinikken 7511, Rigshospitalet, Tagensvej 20, DK-2200 Kobenhavn N, Denmark
SO Clinical and Experimental Allergy, (1998) 28/1 (83-91).
Refs: 22
ISSN: 0954-7894 CODEN: CLEAEN
CY United Kingdom
DT Journal; Article
FS 011 Otorhinolaryngology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
LA English
SL English
AB Background: The level of histamine in **nasal** lavage **fluid** has been used as an index of mast cell/basophil activation in a number of studies. Obviously, such an index can only be valid if changes in the **secretory** activity of **nasal** glands do not affect the level of histamine in lavage fluid (i.e. hypersecretion, without a simultaneous activation of mast cells/basophils in the nasal mucosa, must not increase the level of histamine). Objectives: To asses the effect of **nasal hypersecretion** on histamine levels in lavage **fluid.** Methods **Nasal** challenges were performed with methacholine and allergen in grass pollen-allergic patients and non-allergic controls. **Nasal** lavage **fluid** was **collected** before and repeatedly for nine hours after nasal challenge, and the level of histamine was compared with that of a specific mast cell-derived enzyme, tryptase. In addition, the effect of methacholine on basophils was examined in vitro. Results: Allergen challenge of allergic patients produced sneezing and a significant increase in histamine and tryptase levels, whereas challenge of non-allergic subjects produced no such response. Interestingly, challenge with methacholine also induced a significant increase in histamine levels. This increase was seen in both allergic and nonallergic subjects and it was not associated with any sneezing or increase in tryptase levels, indicating that mast cells were not activated. Furthermore, stimulation of basophils with methacholine did not induce any histamine release in vitro. Conclusions: Apparently, there exists a pool of histamine in the human nose that can be transferred to lavage fluid during glandular hypersecretion. The source of this histamine is yet to be identified. As the level of histamine seems to be affected by the **secretory** activity of **nasal** glands, we question the use of this single mediator as an index of mast cell/basophil activation in nasal lavage studies.

L96 ANSWER 56 OF 69 EMBASE
on STN

AN 97350890 EMBASE
DN 1997350890
TI Wegener's granulomatosis: Image findings in head and neck.
AU Chang F.-C.; Lirng J.-F.; Chen S.-S.; Luo C.-B.; Guo W.-Y.; Chiang J.- H.; Teng M.M.-H.
CS Dr. J.-F. Lirng, Department of Radiology, Veterans General Hospital-Taipei, Shih-Pai Road, Taipei, 11217, Taiwan,Province of China
SO Chinese Journal of Radiology, (1997) 22/5 (199-205).
Refs: 23
ISSN: 1018-8940 CODEN: CHFSAG
CY Taiwan,Province of China
DT Journal; Article
FS 011 Otorhinolaryngology
014 Radiology
LA English
SL Chinese; English
AB Wegener's granulomatosis is a systemic necrotizing granulomatous vasculitis that in its earliest presentation frequently involves the head and neck. Offen it is not **diagnosed** at its initial stage so management of the disease is delayed. We believe in determining the common image findings of Wegener's granulomatosis will help in early **diagnosis** of this disease. In this study, we retrospectively review 17 cases of clinically and pathologically proved Wegener's granulomatosis seen in our hospital from Sep 1982 to Apr 1997. The clinical findings, plain films, CT scan and MRI were reviewed. Serum titers of c-ANCA were tested in 7 of the 17 patients. The results showed that the common clinical presentations were nasal obstruction, dyspnea, hearing impairment, visual impairment, proptosis, and hoarseness. All of the 7 cases tested with serum titers of c-ANCA showed positive results. The major findings of the plain films were obliteration of paranasal sinuses or mastoid air cells. The common CT findings were **fluid collection** in the **paranasal** sinuses, soft tissue thickening along the inner wall of paranasal sinuses or nasal chamber, subglottic stenosis with enhanced soft tissue mass, orbital mass lesion, sclerotic change of the wall of **paranasal** sinuses and **fluid collection** in the mastoid air cells. MRI findings in 2 patients detected the extension of the lesion more clearly. Subglottic stenosis with mass lesions were present in 7 of our 17 cases (41%) and the ratio was higher than in those previously reported in the literature. Mass lesions or infiltrations in orbital cavity were frequently associated with proptosis and disorders of the paranasal sinuses or the nasal chamber. The image findings which alerted us to initiated Wegener's granulomatosis into differential **diagnosis** included: unexplained subglottic stenosis; recurrent **sinusitis** or otitis refractory to management; mass lesion in orbital cavity with proptosis; destructive nasal mass lesion; and accompanying renal, pulmonary or other systemic lesions. Hypointense lesions on T2WI of MRI in the head and neck were also highly suggestive of Wegener's granulomatosis.

L96 ANSWER 57 OF 69 EMBASE
on STN
AN 97053468 EMBASE
DN 1997053468
TI Nasal cytology in **rhinitis** children: Comparison between brushing and blowing the nose.
AU Jean R.; Delacourt C.; Rufin P.; Pfister A.; Waernessyckle S.; De Blic J.; Scheinmann P.
CS Dr. R. Jean, Laboratoire EFR, Service de Pneumologie, Groupe Hosp.

Necker-Enfants Mal., 149 Rue de Sevres, 75743 Paris Cedex 15, France
SO Allergy: European Journal of Allergy and Clinical Immunology, (1996) 51/12 (932-934).
Refs: 19
ISSN: 0105-4538 CODEN: LLRGDY
CY Denmark
DT Journal; Article
FS 007 Pediatrics and Pediatric Surgery
011 Otorhinolaryngology
026 Immunology, Serology and Transplantation
LA English
SL English
AB Allergic **rhinitis** is a common disease in childhood, but nasal cytology is rarely used by pediatricians. We compared two techniques of cell sampling, brushing and blowing the nose, among 77 children suffering from chronic **rhinitis**, of whom 59 were allergic. Staining by the May-Grunwald-Giemsa method enabled the evaluation of the density of cells and especially differential counting of the inflammatory cells. Staining by the Luna method was used as a control for the eosinophils. For the eosinophil count, we found a strong correlation between the two methods of **collecting** the **nasal secretions** ($r = 0.96$). Because blowing the **nose** is painless and easy to perform, it is more appropriate than brushing in routine use for the **diagnosis** of allergic **rhinitis** in children and in nasal challenge with allergens.

L96 ANSWER 58 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 95277523 EMBASE
DN 1995277523
TI Secretion of chemokines and other cytokines in allergen-induced nasal responses: Inhibition by topical steroid treatment.
AU Sim T.C.; Reece L.M.; Hilsmeier K.A.; Grant J.A.; Alam R.
CS Division of Allergy and Immunology, Department of Internal Medicine, University of Texas Medical Branch, 301 University Boulevard,Galveston, TX 77555-0762, United States
SO American Journal of Respiratory and Critical Care Medicine, (1995) 152/3 (927-933).
ISSN: 1073-449X CODEN: AJCMED
CY United States
DT Journal; Article
FS 011 Otorhinolaryngology
015 Chest Diseases, Thoracic Surgery and Tuberculosis
026 Immunology, Serology and Transplantation
037 Drug Literature Index
LA English
SL English
AB We have demonstrated the detection of proallergic cytokines in the **nasal secretions** after antigen challenges. Our aim was to determine the secretion kinetics of chemokines (interleukin [IL]-8, macrophage inflammatory protein- 1α [MIP-1α], and RANTES) and other cytokines (IL-1β and granulocyte/macrophage colony-stimulating factor [GM-CSF]) after allergen challenges and their inhibition by steroid therapy. Ten allergic patients were given either beclomethasone dipropionate (BDP) or placebo in a double- blind, randomized, crossover manner. Allergen challenges were performed after 1 wk or treatment. **Nasal secretions** were **collected** serially for 11 h after allergen challenge by a matrix method. Subjects maintained

symptom scores at each time point of **nasal secretion** recovery. Cytokines were measured by specific enzyme-linked immunosorbent assays. The mean peak values for each cytokine and total symptom scores during the early (ER) and/or late-phase reactions (LPR) were significantly reduced during the BDP treatment period ($p < 0.05$). The levels of cytokine correlated ($p < 0.05$) with corresponding total symptom scores during ER (IL-1β and MIP-1α) and LPR (all cytokines). Our findings document local elevations of IL-1β, GM-CSF, and chemokines in the **nasal secretions** after allergen challenges and their inhibition by steroids. We speculate that the inhibition of cytokine production and **secretion** in the **nasal** mucosa may contribute to the clinical efficacy of topical steroids.

L96 ANSWER 59 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 94135724 EMBASE
DN 1994135724
TI A novel method of counting eosinophils in **nasal secretion** of allergic **rhinitis** by hemocytometric method.
AU Okuda M.; Miura I.; Juji F.; Takashima H.
CS Japan Asthma and Allergy Clinic,Tokyo, Japan
SO International Archives of Allergy and Immunology, (1994) 104/SUPPL. 1 (6-8).
ISSN: 1018-2438 CODEN: IAAIEG
CY Switzerland
DT Journal; Conference Article
FS 011 Otorhinolaryngology
026 Immunology, Serology and Transplantation
LA English
SL English
AB The test for eosinophilia in **nasal secretion** is a useful tool for the **diagnosis** of allergic **rhinitis**. However, the nasal smear test which is commonly used is a subjective and nonquantitative evaluation. In this paper we describe a novel simple, objective and quantitative method in which mucin cluster in **collected nasal secretion** or lavage is solubilized with dithioerythritol, following which the number of eosinophils per unit volume of **nasal secretion** or the ratio of eosinophil to total leukocyte can be successfully counted in a blood cell counting chamber by using a hemocytometric method.

L96 ANSWER 60 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 89161150 EMBASE
DN 1989161150
TI Nasal reactions elicited by unilateral allergen challenge.
AU Malmberg H.; Binder E.; Fraki J.; Harvima I.; Salo O.; Holopainen E.
CS Department of Otolaryngology, University Central Hospital, SF-00290 Helsinki, Finland
SO Acta Oto-Laryngologica, (1989) 107/5-6 (446-449).
ISSN: 0001-6489 CODEN: AOLAAJ
CY Sweden
DT Journal
FS 011 Otorhinolaryngology
026 Immunology, Serology and Transplantation
027 Biophysics, Bioengineering and Medical Instrumentation
LA English
SL English

AB Nasal reactions to unilateral allergen provocation were studied separately in both nasal cavities of 9 subjects with established seasonal allergic **rhinitis**. Three tests with the same allergen at the same concentration were performed in the same cavity at 48-h intervals. The parameters observed were clinical symptoms, changes in nasal airway resistance on rhinomanometry, and amount, weight and histamine content of the **collected secretion. Nasal** obstruction increased significantly on the provoked side but not contralaterally. Secretion increased symmetrically but the histamine content rose only on the provoked side. No priming effects was observed. The results are compatible with the view that the release of histamine has a 2-fold effect. Histamine directly caused vasodilation of capacitance vessels and capillaries, which resulted in obstruction on the provoked side, and indirectly the histamine release led to stimulation of sensory nerve endings, which by triggering parasympathetic reflexes caused rhinorrhea in both nasal halves.

L96 ANSWER 61 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 86199640 EMBASE
DN 1986199640
TI A new method of **collecting nasal secretions.**
AU Holt J.J.; Kern E.B.
CS Department of Otorhinolaryngology, Mayo Clinic, Rochester, MN 55905, United States
SO Otolaryngology - Head and Neck Surgery, (1986) 94/3 (403-404). CODEN: OTOLDL
CY United States
DT Journal
FS 011 Otorhinolaryngology
LA English

L96 ANSWER 62 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 85228127 EMBASE
DN 1985228127
TI Cholinergic nasal hyperreactivity in atopic subjects.
AU Druce H.M.; Wright R.H.; Kossoff D.; Kaliner M.A.
CS Allergic Diseases Section, Laboratory of Clinical Investigation, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, MD, United States
SO Journal of Allergy and Clinical Immunology, (1985) 76/3 (445-452). CODEN: JACIBY
CY United States
DT Journal
FS 037 Drug Literature Index
011 Otorhinolaryngology
030 Pharmacology
026 Immunology, Serology and Transplantation
LA English
AB Increased **nasal secretions** are of fundamental component of allergic **rhinitis**. In order to analyze various parameters of **nasal secretions**, a relatively nontraumatic method for **collecting nasal secretions** was required. A small, flexible rubber catheter connected to a vacuum and inserted 4 cm into the nose proved to be an efficient method for recovering **secretions** produced from a series of **nasal** washes. An average of 67% of the washings were

recovered and analyzed for protein content. Topical methacholine (5 to 100 mg) stimulated a dose-related increase in the amount of protein secreted with atopic patients demonstrating significantly more responsiveness than nonatopic patients (29.2 times the prechallenge production of protein for atopic patients and 4.8 times for nonatopic patients). Pretreatment with atropine (10 μg) reduced the effects of methacholine in atopic subjects, indicating that the secretory activity was in response to muscarinic receptor stimulation. Therefore, in addition to the array of autonomic abnormalities already recognized in atopic patients, these subjects are also hyperresponsive to nasal cholinergic stimulation.

L96 ANSWER 63 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 84001626 EMBASE
DN 1984001626
TI [New aspects in the **diagnosis** of nasal allergy].
NEUERE ASPEKTE IN DER **ALLERGIEDIAGNOSTIK**.
AU Eichner H.; Behbehani A.A.
CS Klin. HNO Kr., Univ. Munchen, D-8000 Munchen, Germany
SO Allergologie, (1983) 6/9 (345-348).
CODEN: ALLRDI
CY Germany
DT Journal
FS 026 Immunology, Serology and Transplantation
011 Otorhinolaryngology
007 Pediatrics and Pediatric Surgery
LA German
SL English
AB With a new method for **collecting nose secretions** a total of 268 samples from patients suffering from pathologic **nose secretion** were investigated in our clinic during the past 2 years. In contrast to hitherto described procedures, our method is much simpler and can be applied in the clinic routinely. Eight parameters were examined: amount of secretions, protein content, separability by disk electrophoresis, amount of IgA and IgE, protease inhibitor, sodium, and potassium. Up to now, electrolyte changes in sodium and potassium have shown no specific hint of allergic processes. The total protein concentration and the protease inhibitor activity do not allow differentiation between allergic and non-allergic diseases. However, IgE concentration reveals significant changes in patients with allergy and without allergy. On the basis of our results, the biochemical analysis of **nose secretions** permits good differentiation between allergic and non-allergic nasal diseases.

L96 ANSWER 64 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 82227026 EMBASE
DN 1982227026
TI The role of mucous **secretion** on **nasal** mucociliary transport in chronic **sinusitis**.
AU Majima Y.; Sakakura Y.; Matsubara T.; et al.
CS Dep. Otolaryngol., Mie Univ. Sch. Med., Tsu, Japan
SO Journal of Otolaryngology of Japan, (1982) 85/6 (621-628).
CODEN: JOJAA6
CY Japan
DT Journal
FS 011 Otorhinolaryngology
LA Japanese

SL English
AB Chronic **sinusitis** is one of the most prevalent nasal diseases in Japan. Muco-purulent nasal discharge is the major symptom of this disease. Nasal clearance was measured both in healthy subjects and in patients with chronic **sinusitis**. A method with saccharin granule was used for the measurement of mucociliary transit time (ST). Nasal mucociliary clearance in chronic **sinusitis** was significantly decelerated in comparison to the control ($p<0.005$). **Nasal secretions** (**mucus**) were **collected** from **nasal** cavity by aspiration both in patients and healthy controls. Each sample of nasal discharges was used for in vitro bullfrog palate clearance studies and the results were compared to the nasal mucociliary clearance. Mucociliary transport rate on mucus depleted frog palate (MTR on frog palate) was 12.5±2.5 mm/min in mucus of the control and 6.1±1.5 mm/min in mucus of chronic **sinusitis**. This difference was statistically significant ($p<0.005$). The MTR on frog palate in the patients whose nasal ST were within normal range was significantly lower than that in controls ($p<0.005$), but was not significantly different from MTR on frog palate in the patients whose nasal ST were over the normal range. These results suggest that properties of **nasal mucus** which decreased mucociliary clearance on frog palate did not contribute to the nasal mucociliary clearance of the patients with chronic **sinusitis**. The correlation between MTR on frog palate and nasal ST was not statistically significant in controls or patients with chronic **sinusitis**. In chronic **sinusitis**, decelerated nasal ST improved significantly by the administration of physiological saline with nasal nebulizer in comparison to the nasal ST before the administration ($p<0.01$). No significant change of nasal ST was observed in controls before and after the nebulization. The decelerated mucociliary clearance thus depends on properties of the **nasal mucus** in parts, and depends largely on the factors which exist only in nasal cavities in vivo. These in vivo factors will be affected by administration of physiological saline by nebulizer.

L96 ANSWER 65 OF 69 EMBASE
on STN
AN 81133262 EMBASE
DN 1981133262
TI Nonallergic **rhinitis** with eosinophilia (NARES syndrome). Clinical and immunologic presentation.
AU Jacobs R.L.; Freedman P.M.; Boswell R.N.
CS Wilford Hall U.S. Air Force Med. Cent., Lackland AFB, San Antonio, Tex. 78236, United States
SO Journal of Allergy and Clinical Immunology, (1981) 67/4 (253-262). CODEN: JACIBY
CY United States
DT Journal
FS 011 Otorhinolaryngology
022 Human Genetics
026 Immunology, Serology and Transplantation
LA English
AB Fifty-two patients with perennial nasal symptoms of sneezing paroxysms, profuse watery rhinorrhea, and pruritus of the nasopharyngeal mucosa in an 'on-again-off-again' symptomatic pattern have been clinically and immunologically characterized. Historically, age at onset of symptoms showed equal distribution from the first through the fifth decades, and the duration of symptoms at **diagnosis** ranged from 3 mo to 40 yr (mean 9 yr). Trigger factors associated by the 52 patients with the acute

onset of nasal symptoms were none or unknown in 22 (42%), weather changes in 16 (31%), odors in eight (15%), and noxious or irritating substances in six (12%). No patients had a history or physical examination consistent with nasal polyposis, bronchial asthma, recurrent **sinusitis**, nor otitis media. fifty percent had a negative family history for either chronic **rhinitis** or bronchial asthma. **Nasal secretion** smears revealed marked eosinophilia during symptomatic periods. Intradermal skin tests were negative in 49 patients. Serum radioallergosorbent test (RAST) confirmed immediate hypersensitivity skin tests in two of the three patients with positive skin tests. Mean total eosinophil count was 218/mm3. quantitative immunoglobulins were normal in all patients. Mean serum Ige was 74 IU/ml. Methacholine bronchial challenge was negative in 37 of 37 patients tested. An open aspirin challenge was negative in 13 of 13 patients tested. Spontaneously **collected nasal secretions** or 0.9% saline **nasal** washes were analyzed for percent eosinophils, total protein, IgG, IgA, IgE, and RAST to six perennial aeroallergens in 31 of the 52 patients. Neither elevated total IgE nor evidence of specific IgE was found in the study patients' **nasal secretions**. This report describes 52 patients with symptoms similar to those seen in perennial allergic **rhinitis**. A characteristic pattern of symptomatic presentation and a paucity of the in vivo and in vitro findings associated with IgE-mediated nasal disease distinguishes this homogeneous disorder from perennial allergic **rhinitis**.

L96 ANSWER 66 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 78362199 EMBASE
DN 1978362199
TI Histamine in **nasal secretions**.
AU Eggleston P.A.; Hendley J.O.; Gwaltney Jr. J.M.; et al.
CS Dept. Ped. Int. Med., Univ. Virginia Sch. Med., Charlottesville, Va., United States
SO International Archives of Allergy and Applied Immunology, (1978) 57/3 (193-200).
CODEN: IAAAAM
CY Switzerland
DT Journal
FS 011 Otorhinolaryngology
013 Dermatology and Venereology
029 Clinical Biochemistry
LA English
AB The histamine content of **secretions collected** by small-volume **nasal** washes was assayed by a spectrophotofluorometric method. A wide range of histamine concentrations (< 5 - 1,519 ng/ml) was found. The mean concentration in secretions from normal individuals (91 ng/ml) was not significantly different from that found in allergic individuals (51 ng/ml). Females had significantly lower concentrations than did males. Sequential sampling in normals and allergics showed a great deal of daily variation in histamine content. This technically simple method may prove useful in examining the epidemiology and pathophysiology of allergic **rhinitis**.

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AN 78096380 EMBASE
DN 1978096380
TI Specific IgE antibodies in **nasal secretion** from

patients with allergic **rhinitis** and with negative or weakly positive RAST on the serum.

AU Deuschl H.; Johansson S.G.O.
CS Dept. ORL, Univ. Hosp., Uppsala, Sweden
SO Clinical Allergy, (1977) 7/2 (195-202).
CODEN: CLAGBI
CY United Kingdom
DT Journal
FS 026 Immunology, Serology and Transplantation
011 Otorhinolaryngology
023 Nuclear Medicine
LA English
AB **Nasal secretions** from 18 patients with allergic **rhinitis** with a positive case history, intradermal test and nasal provocation test, but with negative or only weakly positive RAST (radioallergosorbent test) on the serum against a total of 35 allergens, were studied. In the RAST an immunosorbent purified anti IgE with Dε2 specificity was used, which raised the detection limit. **Nasal secretion** was **collected** by washing the **nasal** mucosa with 0.9% and 18% NaCl solution respectively, and the latter secretion was also lyophilized and concentrated. In 10 cases RAST was slightly positive on the **nasal secretion**, and in 3 of the concentrated secretions the RAST value was higher than on the serum. In none of the serum or **nasal secretion** samples was RAST positive according to the cut off value for a positive result defined by the reference system used in Phadebas RAST. From these results it is concluded that RAST analyses of **nasal secretion** from patients with allergic **rhinitis** is of no appreciable value in routine clinical allergological **diagnosis**. However, the increased sensitivity of RAST obtained with isotope labelled anti Dε2 may be useful in the serological **diagnosis** of patients with low grade allergy having low levels of IgE antibodies in serum.

L96 ANSWER 68 OF 69 EMBASE
on STN
AN 77018423 EMBASE
DN 1977018423
TI Measurement of specific IgE antibodies in **nasal secretion**. Evidence for local production.
AU Merrett T.G.; Houri M.; Mayer A.L.R.; Merrett J.
CS RAST Allergy Unit, Benenden Chest Hosp., Benenden, United Kingdom
SO Clinical Allergy, (1976) 6/1 (69-73).
CODEN: CLAGBI
DT Journal
FS 026 Immunology, Serology and Transplantation
011 Otorhinolaryngology
005 General Pathology and Pathological Anatomy
LA English
AB Serum levels of total and specific immunoglobulin E (IgE) have been determined by radioimmunoassays in 69 allergic subjects. The 41 subjects with mild symptoms were the most difficult to **diagnose**, since nine had IgE levels less than 50 U/ml and nineteen had no detectable specific IgE antibodies. Samples of **nasal secretions** were **collected** from these nineteen subjects and five were found to have specific IgE antibodies, and in a further eight increased amounts of total IgE. The possibility of locally produced IgE antibodies should therefore be considered when using in vitro tests to **diagnose**

mild or recently acquired allergies, especially when serum IgE levels are less than 50 U/ml.

L96 ANSWER 69 OF 69 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 77001868 EMBASE
DN 1977001868
TI IgE and IgE antibody to mite in nasel fluid.
AU Okuda M.
CS Dept. Otolaryngol., Wakayama Med. Coll., Wakayama, Japan
SO ORL, (1975) 37/6 (344-355).
CODEN: ORLJAH
DT Journal
FS 011 Otorhinolaryngology
026 Immunology, Serology and Transplantation
015 Chest Diseases, Thoracic Surgery and Tuberculosis
004 Microbiology
005 General Pathology and Pathological Anatomy
LA English
AB The levels of total IgE and IgE antibodies to mite per unit quantity of **nasal fluid** were successfully determined by our special method of **collecting nasal fluid**. The mean value of IgE was 80 ± 101 U/ml, and that of IgE Ab 1.45 ± 1.29/ml (RAST score) in NF. Nasal IgE concentration was approximately one twentieth of serum IgE on the average, and nasal IgE Ab to mite was one half of serum IgE. The IgE Ab/IgE ratio was nine times greater in NF (0.0181) than in serum (0.0022). The concentration of IgE Ab to mite was very well correlated between serum and NF (correlation coefficient of 0.83), while that of IgE was not (coefficient of 0.51). IgE Ab to mite was also well correlated to IgE (coefficient of 0.78) in NF while it was not in serum (coefficient of 0.48). The correlation coefficient of nasal/serum IgA was 0.41; that of IgE/IgA in NF was 0.31; and that of IgE/total protein in NF was also 0.31. The possibility of local production and secretion of IgE Ab to specific allergen is discussed in detail.

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